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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Turkey

The Executive Director recommends that the Executive Board approve the country programme of Turkey for the period 1991 to 1995 in the amount of $10,000,000 from general resources, subject to the availability of funds, and $13,945,000 in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, this document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1990, will be contained in the "Summary of 1990 recommendations for general resources and supplementary funding programmes" (E/ICEF/1991/P/L.2).

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THE SITUATION OF CHILDREN AND WOMEN

1. Turkey is self-sufficient in agricultural products and its industrialization policy is reflected in the increasing contribution of the industrial sector to the gross domestic product (GDP). Total GDP per capita was estimated at $1,296 in 1989. Over the past four years, the growth of GDP slowed from 8 per cent in 1986 to 1.7 per cent in 1989, and inflation has averaged approximately 70 per cent annually. The external debt now stands at $41 billion. Income distribution remains uneven, with 20 per cent of the population receiving 11 per cent of total income at the lowest end of the scale, while the 20 per cent at the highest end of the scale receive 55 per cent of total income. About 70 per cent of household income goes to food and clothing, while only 8 per cent goes to education. Based on 1989 figures, unemployment is still high at 10.4 per cent. The socially detrimental aspects of adjustment have been redressed in recent years and the health and education sectors received 21 per cent of the total budget for 1990.

2. Total population, estimated at 57 million in 1990, is growing at an average rate of 2.3 per cent per year. Approximately 7.4 million are children under the age of five years, with 52 per cent of the population living in urban settlements of 20,000 inhabitants or more. Extensive internal migration in the last two decades, mainly from the north and east, has resulted in the creation of large urban agglomerations, mostly in the western, southern and central regions. This explosion of urban centres has caused serious shortages in housing, social services and job opportunities. The major cities (Istanbul, Ankara, Izmir, Konya and Adana) have been the targets of the waves of immigration.

3. The salient feature of immigration has been the growth of gecekondus, or squatter settlements, that spring up on the fringes of major cities to house rural migrants. They are urban enclaves of underdevelopment where ignorance of basic health care practices exacerbates the diseases of poverty. In these areas, more than 6 million people live in overcrowded dwellings, most of which lack water and sanitary facilities. Infant and child mortality rates in these areas are close to those prevailing in rural areas. Primary health care (PHC) facilities are inadequate and often overcrowded, with one unit serving from 20,000 to 100,000 people.

4. Turkey comprises five geographical regions that are divided administratively into 73 provinces. The western region is the most developed and has the energy and vitality of a successful modern economy. The eastern and southern regions are less prosperous and lack social services. The 31 "priority provinces", as identified by the State Planning Organization, are located mostly in the eastern and south-eastern regions. The socio-economic and quality of life indicators for these provinces fall below those for the rest of the country. Specific long-term development programmes have been implemented since the mid-1970s in the seven provinces covered by the South-East Anatoliyan Project, but the lack of an adequate infrastructure, reduced access to basic services and high unemployment continue to predominate in the region. Similarly, the reduction of infant and child morbidity and

mortality has been slower than in the rest of the country. Figures based on the 1985 census indicate the extent of the disparity between the eastern and southern provinces of Turkey and the rest of the country. For example, per capita gross national product for all of Turkey was set at $1,121 in 1985, but it was only $473 in the eastern and southern provinces; and while the fertility rate was 4.6 nationally, it was 8.5 in these provinces.

5. The most acute child health problem in Turkey remains high infant and young child mortality, but the 1990 estimate of 60 per 1,000 live births, set by the State Planning Organization, is significantly lower than the 70 per 1,000 estimated by the United Nations Population Division for the same year. The infant mortality rate (IMR) includes a 45 per cent neonatal component, with significant disparities between the predominantly rural and economically depressed eastern regions to the predominantly urban and industrialized western regions, i.e. from 32 per 1,000 live births in urban Aydin to over 100 per 1,000 in rural Bingol. Maternal mortality, estimated at 133 per 100,000 live births, is presumed to follow a similar pattern.

6. The number of children dying before the age of five years in 1990 was estimated at 120,000. One of every four deaths occurred in 18 of the "priority provinces". The causes of infant and child mortality are: (a) pneumonia, accounting for 20 to 30 per cent of deaths; (b) diarrhoeal diseases (6 to 15 per cent); (c) malnutrition (9 per cent); and (d) perinatal causes (26 per cent). It is estimated that due to pneumonia and diarrhoea, respectively, there are over 30,000 and 10,000 child deaths annually.

7. About 60 per cent of all births take place in health institutions and, of this number, an estimated two thirds are normal. While over 75 per cent of all births are attended by a health worker, about 12 per cent of deliveries in western provinces and 42 per cent in the eastern regions occur with untrained persons, such as relatives or neighbours, in attendance.

8. Data on regional variations in maternal mortality are unavailable, but maternal deaths in hospitals averaged 103 per 100,000 during the period 1982-1988. Of those deaths, 19 per cent were due to toxaemia, 11 per cent to haemorrhage and 12 per cent were attributed to other complications. All other causes accounted for the remaining 58 per cent. It is likely that hospital data underestimate maternal mortality in Turkey since the referral of high-risk cases is almost non-existent. A 1988 survey found that 57 per cent of women received no antenatal care. This figure was 73 per cent in rural areas, where higher parity and early marriages increase the risks to women's health.

9. The provision of access to safe drinking water to settlements nation wide is a priority for the water supply authority. The poor design and construction of water supply systems in the past have resulted in multiple leaks and pressure failures. Water contamination and frequent interruptions to domestic water supplies are common even in major cities, and piped water is available to a very limited number of houses in rural communities. Most rural communities continue to depend on village stand-pipes and fountains, or use

contaminated wells, springs and streams. Since 1985, 95 per cent of the population in urban areas and 63 per cent in rural areas have access to safe drinking water. No coverage data on access to adequate sanitation are available, and although sanitary conditions in rural and peri-urban areas continue to be inadequate, some progress has been made.

10. The primary school enrolment rate, as of 1989, was 93 per cent. Of total enrolment, girls account for 47 per cent. About 54 per cent of enrolled boys and 47 per cent of enrolled girls complete primary education. Gender and regional differentials in literacy are further major problems that affect the quality of life of children. The official literacy rate is high at 90 per cent, but considering "forgotten" literacy for lack of follow-up, a few years later, the figure is lower, especially for women, whose national average is 84 per cent, with wide regional variations.

PROGRAMME COOPERATION, 1988-1990

11. The 1988-1990 programme cycle was a transitional period for planning in order to synchronize future UNICEF cooperation with the country's Sixth Five-Year National Development Plan for 1990-1994. This transition also enabled the country programme to incorporate the goals and strategies for children in the 1990s, the recommendations of the World Conference on Education for All and the World Summit for Children Plan of Action for Implementing the World Declaration on the Survival, Protection and Development of Children in the 1990s, as well as changes in the UNICEF planning level for Turkey.

12. The 1988-1990 programme of cooperation focused on assisting the Government to consolidate progress in child survival and development (CSD), with special focus on improving programmes for immunization, the control of diarrhoeal diseases (CDD) and acute respiratory infections (ARI), and for strengthening other maternal and child health (MCH) services. The 1988-1990 period also led to the initiation of specific strategies for the most disadvantaged provinces and poor urban neighbourhoods. Advocacy and social mobilization for children have enhanced programme implementation during this period, and literacy for girls and women has been an area of special emphasis.

13. The creation of the Turkish Intersectoral Committee for Child Survival and Development (TICCSD) in December 1989, under the chairmanship of the Under-Secretary of Health, and with the membership of the Under-Secretaries of the Interior and of Education, has been of enormous importance in ensuring the participation of all programme partners. It has also facilitated timely decision-making for programme planning and implementation.

14. During the reporting period, universal child immunization coverage was 80 per cent for combined diphtheria/pertussis/tetanus vaccine and three doses of oral polio vaccine, 74 per cent for measles and 64 per cent for the anti-tuberculosis vaccine. The immunization programme is now integrated into the routine health services and is complemented by mobile teams. Outreach

capacities have been strengthened by the provision of 2,700 vaccine carriers for use by midwives and 400 refrigerators for under-equipped health centres. A computerized system installed in the Ministry of Health has strengthened government monitoring capacity, and coverage surveys carried out in each province have confirmed the reliability of the routine reporting system. A cold-chain evaluation undertaken in 1988 with the World Health Organization (WHO) found the system to be both efficient and effective. Staff training was given priority attention during the programme period. Three seminars were conducted in 1989 and six regional workshops were held between June and July 1990.

15. There was significant progress in CDD programmes during the reporting period and packets of oral rehydration salts (ORS) were distributed free of charge through health services and pharmacies. The mass media has been used extensively to promote the correct home management of diarrhoea. A 1988 national survey found that only 6 per cent of mothers stopped breast-feeding when their children had diarrhoea, and that 44 per cent of dehydration cases among children were treated with either ORS or homemade fluids. Access to ORS has increased from 75 per cent in 1988 to 95 per cent in 1990 and ORS packets are now available in all health posts across the country.

16. Primary school inspectors have become involved in monitoring public knowledge of basic facts for CSD, thereby adding a new intersectoral dimension to the programme. The in-service training of doctors, midwives and other PHC personnel was reoriented to focus on diarrhoeal disease management, sanitation, personal hygiene and food safety. Some 80 per cent of PHC personnel have received training. To expand the use of ORS and homemade rehydration fluids, treatment and training units have been established in each province, at the state hospitals, during the season when children are most prone to diarrhoea, but most of these units have yet to function effectively. Oral rehydration therapy (ORT) corners have also been established at all health centres and health posts.

17. The programme for the control of ARI has been more limited in scope since case management is dependent on the availability of physicians. The programme has been implemented in 18 of the least developed provinces where access to health services is limited, especially in winter. Although there is no change for the treatment of children with ARI, reports from the provinces indicate that only 30 to 45 per cent of the drugs for ARI have been used and, within the programme sites, public demand for services lags behind supply. Based on reports from the Ministry of Health, only 3.5 per cent of children under five years old have been reached annually. One factor that has limited the dissemination of information and services to the community is the weak role of midwives in the health services delivery system.

18. Research studies and reviews have been carried out for the ARI programme and the findings have been crucial for programme revisions and for designing programmes for the new cooperation cycle. Research has included experimenting with benzathine penicillin to treat pneumonia since it has the advantage of being a one-shot treatment compared with penicillin procaine, which must be

taken over five consecutive days. A study of community knowledge and attitudes concerning ARI highlighted the need for effective community education about pneumonia.

19. A total of 3.4 million posters, booklets and manuals were printed and distributed for use in training, education and awareness-raising among health professionals, paraprofessionals and the public. Ten television spots were broadcast periodically and video cassettes were prepared for use in training doctors and midwives in CDD and ARI case management.

20. In the priority provinces, the Governors of the provinces of Bayburt and Sanliurfa were briefed, and supplies for health, education and sanitation were procured, but the impact of their utilization will not be felt immediately. Initial work for the creation or reactivation of community institutions has been accomplished and dialogue between the staff of health centres and community leaders has been initiated.

21. During the later part of the period (1988-1990), Turkey undertook preparatory work for and attended the World Conference on Education for All. These activities paved the way for joint planning in basic education between UNICEF and the Ministry of Education, and this cooperation should permit the proposed education programme for 1991-1995 to be implemented smoothly.

22. In the Ahatli urban gecekondu, communal groups have been organized, and UNICEF equipment and materials have been supplied to help consolidate handicraft production activities. Under the guidance of social workers and in cooperation with non-formal education training centres, women have organized home-based training workshops in carpet weaving and other income-generating activities.

23. Turkey became a signatory to the Convention on the Rights of the Child in 1990 after a period of sustained advocacy undertaken at all levels, including the Office of the President, the Ministry of Foreign Affairs and the Parliament, and further efforts with the Government, Parliament and leaders of political parties are under way to prepare Turkey to become a State party to the Convention.

Lessons learned

24. The tripartite assessment of the child health programme undertaken by the Government of Turkey, the Government of Germany and UNICEF in November 1989, provided insight into CDD and ARI programmes. This assessment, including the views of beneficiaries on the impact of these activities, was an important component of the preparations for the new cooperation cycle.

25. The country programme review held in March 1990 recognized that the unsatisfactory health situation in remote provinces is due to the shortage and high turnover of midwives and doctors serving these provinces. These underserved areas were, therefore, identified as requiring special attention with regard to implementation, including the cooperation of the municipalities and community members.

26. The problems of the peri-urban areas have been singled out as requiring priority attention in the future. The review emphasized that current experiences should contribute to the development of a model for solving problems, including a more effective distribution of personnel and a better use of auxiliary personnel. The full support of other sectors should be sought by enlisting the support of governors, mayors, NGOs and professional groups.

RECOMMENDED PROGRAMME COOPERATION, 1991-1995

Recommended general resources: $10,000,000
Supplementary funds: $13,945,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health	2 150	3 650	5 800
Education	2 250	3 195	5 445
Communication and support for status and development of women	1 300	1 830	3 130
Area-based services for children and mothers in priority provinces	2 000	3 570	5 570
Services for children in peri-urban gecekondus	1 000	1 700	2 700
Advocacy and planning for children	1 300	-	1 300
Total	10 000	13 945	23 945

a/ The breakdown of estimated annual expenditures is given in table 3 below.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

The programming process

27. The year 1990 was marked by intensive planning for the new programme of cooperation. A turning-point in the preparatory process was the creation of TICCSD, under whose aegis, a mid-term review, strategy formulation and situation analysis were carried out.

28. Six national programmes comprising 35 projects covering health, education, communication and support for women and development, area-based development for peri-urban areas and priority provinces and planning and advocacy for children were developed jointly with the Government.

29. The country's Sixth Five-Year National Plan aims to enhance the welfare of people by promoting and expanding cultural, economic and social development measures. To enhance the development of children and women, the plan focuses on improving health services, access to education, the well-being of the family, the status of women and employment opportunities in sectors other than agriculture. The fight against child abuse and neglect is also a new area of attention for the new programme of cooperation.

30. Major global and national events have guided the preparation of the new programme, providing insight and strategic orientation. At the national level, major child-related events included the Turkish Congress for Children's Policies in the 1990s (May 1989) and the publication of the Sixth National Development Plan (1990-1994). The new programme of cooperation has linked its objectives to overall national development goals.

31. The 1991-1995 programme of cooperation between the Government of Turkey and UNICEF aims to: (a) reduce IMR and the under-five mortality rate to 30 per 1,000 live births and 40 per 1,000, respectively, by the year 2000; (b) reduce the maternal mortality rate to less than 85 per 100,000 live births; (c) improve child-rearing practices; (d) increase concern for sound environmental practices; (e) improve and expand basic education; (f) promote women as important protagonists in the development process and; (g) provide basic services for children in selected priority provinces and peri-urban areas in order to bring the social indicators of underserved areas in line with the national average.

Health

32. The new programme of cooperation will include the following six projects:

(a) The expanded programme on immunization, which is intended to sustain immunization coverage at 95 per cent for all antigens, support the eradication of polio and the elimination of measles and neonatal tetanus, strengthen surveillance systems and develop educational materials for health personnel. UNICEF will support the supply of vaccines and equipment for maintaining the cold chain, the collection of data, the training of health personnel and the development of training materials and educational messages;

(b) CDD and ARI projects, which aim to increase access to ORS from 56 to 70 per cent in selected provinces, teach 75 per cent of mothers about ORT, promote understanding of the importance of breast-feeding and ensure intersectoral cooperation on environmental sanitation and the provision of safe water. The project for the control of ARI will ensure that 60 per cent of the population have access to effective treatment and that 80 per cent of families are aware of the signs of pneumonia and know when and where to seek treatment. Training programmes for 75 per cent of health personnel at the first referral level will also be developed. UNICEF will support epidemiological surveys and knowledge, attitude and practice (KAP) studies related to pneumonia and CDD. Guidelines for treating ARI and for establishing ORT corners in hospitals will be developed. Programme monitoring, the training of health personnel logistical planning and the production of educational materials will also be supported;

(c) The programme to promote safe motherhood and improve the care of newborn infants aims to reduce perinatal and neonatal deaths by 40 per cent, using the provincial average as the baseline, and to reduce maternal mortality by 50 per cent. The programme also aims to ensure that 80 per cent of pregnant women have access to nutrition education and that all births are assisted by trained personnel. Care procedures for women at risk, including transportation to the nearest maternity facility, are included in this project. Family planning counselling will also be provided, and pregnant women will receive iron/folate supplements to combat anaemia. UNICEF will provide supplies and equipment, support monitoring and evaluation and provide technical assistance for the implementation of the above-mentioned activities;

(d) The child growth and nutrition project will assess trends in infant and child nutrition and growth monitoring, and will use this information as a basis for developing educational messages to promote breast-feeding, proper weaning and correct nutritional practices. This project aims to ensure that 75 per cent of all pregnant women are knowledgeable in these areas. The project also aims to ensure that 50 per cent of health personnel include growth monitoring in their regular activities;

(e) The basic treatment at primary level project aims at reducing the cycle of infection and malnutrition among children by educating families about the importance of early interventions and by providing low-cost services at the first referral level in selected provinces. This project will reduce overcrowding in hospital polyclinics, make essential drugs available at the first referral level and enhance services at this level so that 50 per cent of the population will receive services at the first referral level rather than at the secondary level. UNICEF will support epidemiological studies and surveys on drug utilization patterns in order to develop a model list for essential drugs and guidelines for the use of drugs in treating prevalant diseases. The provision of supplies, training, monitoring and evaluation are components of this programme and UNICEF will support the production of a drug bulletin for health personnel;

(f) The child PHC care project will focus on strengthening the health system at the first referral level through the training of village volunteers and community health personnel, monitoring MCH services and improved coordination among Ministry of Health units and between midwives and communities. This project also aims to improve midwifery training at health vocational schools by strengthening the public health and MCH components of the curricula. Medical schools will emphasize the importance of communication among doctors, other health personnel and communities as a means of improving health services delivery. UNICEF will support the establishment of an MCH committee, the computerization of recording and reporting procedures, the strengthening of surveillance systems, curriculum improvement for medical schools and training institutions for other health personnel, the establishment of a network of village volunteers, training and the development of training materials.

33. The implementation of the basic health programme will be coordinated with WHO and the World Bank first health project, signed in August 1990, which focuses on safe motherhood, child nutrition and PHC.

Education

34. The principal aim of this programme is to improve the quality of primary education by identifying basic learning needs, designing alternative ways of meeting the identified needs and raising community awareness about the importance of education for girls and women as a major factor in development. The decision of the Government to expand the programme will improve adult literacy, particularly among women, and provide formal and non-formal education for girls.

35. The universalization of primary education project will focus on the eastern and south-eastern regions of Turkey and will be geared to reach 80 per cent of the target population. The project will stress the importance of educating girls, and in the six provinces with the lowest school enrolment for girls, the project will attempt to achieve equal access for girls at all levels of education. UNICEF will support curriculum development, in-service teacher training and the integration of Facts for Life messages into school programmes. The school and environment project attempts to raise children's awareness of environmental issues through leadership training and participatory activities for improving school sanitation and developing school gardens.

36. The project for the education of agricultural migrant workers' children will focus on the Cukurova region, and will reach 24 per cent of the target population. The project will attempt to assess the basic learning needs of the children of migrant workers, who are among the most deprived, and will ensure that primary school opportunities are available to them. It will use the child-to-child strategy to make primary school children effective communicators of basic health and child development messages targeted to their parents and younger siblings. Assistance will also be provided to children with hearing and visual disabilities. Interventions will be geared to develop

early detection systems and to ensure that the children who need them gain access to rehabilitation aids.

37. The early childhood development and pre-school project will promote community and family-based cost-effective models of child care. Advocacy to create public awareness of the importance of correct child-care practices will be undertaken in the eastern and south-eastern regions where the primary education project will be implemented.

38. The adult education and literacy project aims to meet the basic learning needs of adults, mainly women, in the eastern and south-eastern regions. The project aims to reach 70 per cent of the population between 14 and 44 years of age. It will promote needs assessment techniques and raise functional literacy by ensuring that girls and women attend literacy courses. Literacy materials will be produced and in-service training for teachers will be undertaken.

Communication and support for the status and development of women

39. The long-term sustainability of improvements in children's quality of life depends on the awareness and resourcefulness of their parents, primarily on their mothers and, by extension, on other child-care givers who are generally women. This has yet to be widely understood in the most underserved areas of Turkey and, consequently, the mass media will be used as channels to generate public debate on the role and status of women, and to raise public awareness on the links between national development and the status of women.

40. The programme aims to empower women by creating income-generating opportunities for them and by offering them training to improve their skills and marketing knowledge. Resources to help women achieve self-sufficiency will also be made available. The programme will strengthen linkages with other national and area-based initiatives that also address these issues. Linkages will also be strengthened with the World Food Programme project for rural women and the United Nations Population Fund project on community education in health and family planning.

41. A study will be undertaken to compile data on women in urban areas, including those living in the gecekondus of metropolitan centres. This information will be used to develop appropriate strategies for facilitating women's participation in community life, family interaction and decision-making and to help them adapt to the urban environment.

42. Another KAP study pertaining to child health will be undertaken to determine which communication channels can be used most effectively to inform and educate families on ways of improving the quality of their lives. The various institutions responsible for public education and social development will be encouraged to cooperate in the production of educational messages, and the personnel responsible for public education campaigns will be trained to improve their communication skills.

Area-based services for children and mothers in priority provinces

43. The priority provinces in the eastern and the south-eastern regions of the country are predominantly rural societies. Settlements range from a few households to full villages that are dispersed and have little access to established service delivery units. The families in these regions are predominantly poor and their level of education is low. Their life expectancy is below the national average and higher rates of infant and child morbidity and mortality predominate. Women and girls are particularly disadvantaged.

44. The objectives of the area-based programme are to support the development of the priority provinces in order to reduce the disparities between and within them. The programme seeks to bring the social indicators of selected priority provinces up to the national level. It also aims to reduce IMR to 50 per 1,000; to ensure that women have access to at least four pre-natal consultations during pregnancy; to ensure hygienic delivery for 80 per cent of pregnant women; and to increase literacy among women and girls to 70 per cent and retain 75 per cent of girls in school. The programme also seeks to create demand for services and to mobilize community resources in order to sustain services. Interventions will focus on serving the most remote and deprived settlements and will be based on community participation.

45. The programme will be implemented in the eight priority provinces of Sanliurfa, Diyarbakir and Adiyaman in the south-east region; Kare, Agri and Bingol in the eastern region; and Bayburt and Sinop in the north of the country. Programme preparation has been undertaken in close collaboration with the central Government and with local authorities at provincial, municipal and village levels.

46. The various programme components in each province aim to improve the effectiveness of existing health services; to create a sustainable funding base for preventive health care; to develop volunteer community health workers and promote environmental sanitation; to increase demand for formal and non-formal education; to adapt mobile teachers/schools to reach smaller settlements; to provide integrated basic skills and knowledge about health, nutrition, clean water and sanitation to children; to reduce drop-out rates by establishing a closer school-community partnership; to develop forms of community-based early childhood education; to activate community leaders; to promote community and women's groups; and to monitor the situation of the child.

47. The total population in the provinces covered by the programme is approximately 4.5 million. All projects will focus on serving children in the 0 to 14 year age-group and women aged 15 to 44 years. In the less populated provinces of Bayburt and Bingol, the programme aims at reaching 100 per cent of the population, while in the more populated provinces, selected districts will be covered in a phased manner.

Services for children in peri-urban gecekondus

48. The programme aims to upgrade the quality of life for women and children living in gecekondus. Appropriate models for participatory community development will be tested in the gecekondus where the programme will be implemented. A project in Antalya-Ahatli, undertaken jointly by the Government of Turkey and UNICEF, is the model for this urban basic services project which will provide MCH services, address environmental issues, improve access to education and offer women income-generating opportunities. Gecekondus in Ankara, Saliurfa, Adana, and Istanbul will be upgraded, and the projects will be directed by the governors of the respective provinces.

49. The project in Antalya-Ahatli will continue until 1994, gradually increasing its coverage from an initial 45,000 people. A second project will be launched in Ankara (Sentepe, Mamak) in 1991, initially covering 70,000 people. A gecekondu neighbourhood in Sanliurfa will be included in the programme in 1992, covering a population of 50,000 initially. Adana (Cumhuriyet) and Istanbul (Sultan[illegible]rtligi) will follow in 1993, starting with a coverage of 100,000. The programme will gradually increase its coverage in a phased manner over the five years. At the national level, a project to strengthen the information base on gecekondus will be undertaken, and information on experiences in these settlements will serve as the basis of advocacy on the needs of people living in the marginal urban areas. Approximately 100 city mayors and governors and health directors will be the target audience for this latter activity.

Advocacy and planning for children

50. The principle of "children first" is to be the basis of the advocacy and planning for children programme to be undertaken as a follow-up to the World Summit for Children. The programme aims to ensure that programmes for children receive sustained priority in national development plans and that national and regional authorities enhance their capacity to plan, implement and evaluate programmes for children.

51. The advocacy and planning for children programme will also strengthen the managerial coordination and sustainability of the new programme of cooperation, and will enhance the possibilities for achieving the objectives of the UNICEF programme of cooperation with the Government of Turkey. This programme will promote public awareness of the needs of children on a national scale and will collect and disseminate reliable data on the situation of children. Decision makers will be a primary target group for information, and the feedback from monitoring and evaluation activities will allow for sound decision-making on an ongoing basis. This programme will also serve as a mechanism for cooperation with NGOs and for fostering greater inter-agency cooperation on activities related to women and children. It will also be the channel for strengthening the Children's Intersectoral Board, previously known as TICCSD.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Turkey (1989 and earlier years)

UNICEF country classification

Under-five mortality rate	90	(1989)
Infant mortality rate	73	(1989)
GNP per capita	$ 1280	(1988)
Total population	55 million	(1989)

High U5MR
High IMR
Lower-middle GNP

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1989
Births	(thousands)	1298	1387	1507	1558
Infant deaths (under 1)	(thousands)	190	154	134	114
Under-five deaths	(thousands)	238	193	158	140
Under-five mortality rate (per 1,000 live births)		183	139	105	90
Infant mortality rate (under 1) (per 1,000 live births)		146	111	89	73

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1980/1985)	Moderate & severe	..	12*
	Severe	..	1*
Babies with low birth weight (%, 1980/1983)		8	7*
Children completing primary level (% of first grade, 1980/1986)		85*	96

NUTRITION INDICATORS	About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1980/1983)	99*/ 91*/ 51*	98*/ 72*/ 63*
Prevalence of wasting (%, 1980/1985)	..	..
Prevalence of stunting (%, 1980/1985)	..	..
Daily per capita calorie supply (% of requirements, 1979-1981/1984-1986)	124	125
Food production per capita index (Index 1979-1981=100, 1980/1989)	100	92
Household expenditure (% of total income, 1980-1985) All food/cereals		40/ 8

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1987-1988)			..
Access to health services	Total	..	..
(% of population, 1980/1987)	Urban/rural	../..	../..
Access to safe water	Total	..	78
(% of population, 1980/1987)	Urban/rural	../..	95/63
Access to adequate sanitation	Total	..	..
(% of population, 1980/1987)	Urban/rural	../..	../..
Births attended by trained personnel (%, 1979/1988)		50	77*
Maternal mortality rate (per 100,000 live births, 1979/1986)		..	210

Immunization		1981	1985	1988	1989
One-year-olds (%) immunized against:	Tuberculosis	42	45	64	64
	DPT	64	55	77	79
	Polio	69	55	77	79
	Measles	52	61	65	71
Pregnant women (%) immunized against	Tetanus	..	4	7	15

TABLE 1 (continued)

Turkey

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1980/1987)	Total	97/ ..	117/ 89*
	Male	103/ ..	121/ 91*
	Female	92/ ..	113/ 86*
Secondary enrolment ratio (gross/net) (%, 1980/1987)	Total	../ ..	46/ 29*
	Male	../ ..	57/ 36*
	Female	../ ..	34/ 20*
Adult literacy rate, 15 years & older (%, 1970/1985)	Total	52	76
	Male/female	69/ 34	88/ 64
Radio/television sets (per 1,000 population, 1980/1988)		../159	161/172

DEMOGRAPHIC INDICATORS		1970	1980	1985	1989	2000**
Total population	(millions)	35.3	44.4	50.3	54.8	66.8
Population aged 0-15 years	(millions)	..	18.5	19.5	20.3	22.4
Population aged 0-4 years	(millions)	..	6.0	6.5	7.0	7.2
Urban population (% of total)		38	44	52	60	74
Life expectancy at birth (years)	Total	56	61	63	65	69
	Male	55	59	61	63	67
	Female	58	63	65	67	71
Total fertility rate		5.3	4.3	3.9	3.6	2.6
Crude birth rate (per 1,000 population)		37	32	30	29	21
Crude death rate (per 1,000 population)		13	10	9	8	7

		About 1980	Most recent
Contraceptive prevalence rate (%, 1978/1988)		44	77*
Population annual growth rate (%, 1965-1980/1980-1989)	Total	2.4	2.3
	Urban	4.3	5.8

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980/1980-1988)		3.6	3.0
Inflation rate (%, 1965-1980/1980-1988)		21	39
Population in absolute poverty (%, 1977/1987)	Urban/rural	../ ..	.. /..
Household income share (%, 1973/1987)	Top 20%/bottom 40%	57/ 12	55*/11*
Government expenditure (% of total expenditure, 1980/1988)	Health/education	4/ 14	2 /13
	Defence	15	10
Household expenditure (% of total income, 1987)	Health/education		3*/..
Official development assistance: (1980/1988)	$US millions	952	286
	As % of GNP	2	0
Debt service (% of goods & services exports, 1980/1988)		18	31

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1988-1990

(In thousands of United States dollars)

COUNTRY: TURKEY
LATEST BOARD APPROVAL: 1988
GENERAL RESOURCES: $1,800,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Total
Health	592	2067	44	53	389	329	203	148	1228	2597	3825
Nutrition	12	34			2				14	34	48
Education	37		8	64	35	44	32	79	112	187	299
Community organization and development	7	9		4			8		15	13	28
Women-centred programme		16						2		18	18
Children in especially difficult circumstances							17		17		17
Advocacy	10	14		11	95	129	4	22	109	176	285
Planning and project support	56	42	9		125		285	76	475	118	593
Freight	299								299		299
GRAND TOTAL	1013	2182	61	132	646	502	549	327	2269	3143	5412

GR = General resources.
FSF = Funded supplementary funding.

TABLE 3. PLANNED EXPENDITURE, 1991-1995

(In thousands of United States dollars)

Country: TURKEY Period covered: 1991-1995	Funding status	1991	1992	1993	1994	1995	Total
Health	GR	500	469	425	400	356	2150
	FSF	200					200
	NSF		820	1380	950	500	3650
Education	GR	475	350	350	600	475	2250
	FSF	55					55
	NSF		870	1115	900	310	3195
Communication & support for status & development of women	GR	404	245	222	230	199	1300
	FSF	70					70
	NSF		570	658	500	102	1830
Information, planning and management	GR	292	299	285	235	189	1300
Area-based services for children and mothers in the priority provinces	GR	170	340	593	400	497	2000
	FSF	430					430
	NSF		250	1250	1370	700	3570
Improving children's quality of life in Gecekondus (Peri-urban)	GR	159	297	125	135	284	1000
	FSF	300					300
	NSF		55	685	690	270	1700
TOTAL	GR	2000	2000	2000	2000	2000	10000
	FSF	1055					1055
	NSF		2565	5088	4410	1882	13945
GRAND TOTAL		3055	4565	7088	6410	3882	25000

GR = General resources.
NSF = New supplementary funding.
FSF = Funded supplementary funding.

TABLE 4. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: TURKEY	Number of posts	Amount (thousands of United States dollars)
FINANCED FROM 1992-1993 PROPOSED BUDGET:		
International Professional established posts	1	250
Local national Professional and General Service established posts	5	400
Operating costs		357
Total	6	1007
FINANCED FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources	1	226
Supplementary funds	1	226
Local national Professional and General Service project posts		
General resources	14	1046
Supplementary funds	1	55
Total	17	1553

a/ For information source, see 1992 post authorization table, dated January 1991.

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FOR ACTION

RECOMMENDATION FOR FUNDING FROM GENERAL RESOURCES AND SUPPLEMENTARY FUNDS FOR PROGRAMMES IN THE AFRICA REGION WITH ANNUAL PLANNING LEVELS NOT EXCEEDING $750,000

SUMMARY

The present document contains recommendations for funding from general resources and supplementary funds for programmes with annual planning levels not exceeding $750,000. The Executive Director recommends that the Executive Board approve the following amounts from general resources, subject to the availability of funds, and the following amounts in supplementary funds, subject to the availability of specific-purpose contributions, for the country programmes listed below:

Country/programme	Amount (United States dollars)		Duration
	General resources	Supplementary funds	
Equatorial Guinea	2 500 000	4 000 000	1991-1995
Sao Tome and Principe	2 500 000	1 000 000	1991-1995
Swaziland	2 500 000	4 675 000	1991-1995

Summaries of individual recommendations follow.

I. EQUATORIAL GUINEA

U5MR: 214
IMR: 145
GNP per capita: $430

Child population (0-5 years): 59,800
Literacy (male/female): 30 per cent
Access to health services: 55 per cent

One-year-olds fully immunized against:

tuberculosis:	60 per cent
diphtheria/pertussis/tetanus:	40 per cent
measles:	50 per cent
polio:	40 per cent

Pregnant women immunized against:

tetanus:	40 per cent

The situation of children and women

1. Since Equatorial Guinea achieved independence in 1968, it has faced serious economic and social problems. Although the actual rate of growth of the gross domestic product (GDP) is 4 per cent annually, only 9 per cent of the economically active population is formally employed and more than 40 per cent of the population earns less than $180 per year. Over the last decade, the country's external debt has grown from $57 million to $218 million. Yet, despite such economic constraints, social sector allocations for health, education and women's development have increased during the last four years from 7 to 12 per cent of the budget.

2. Despite government and community interventions, the infant mortality rate (IMR) and under-five mortality rate (U5MR) remain high (145 and 214 per 1,000 live births, respectively), caused primarily by diarrhoea, acute respiratory infections (ARI) and measles. Approximately 12 per cent of infants have low birth weight and 8 per cent are premature. The devastating maternal mortality rate (MMR) of 400 per 100,000 live births may even be higher since it does not take into account widespread underregistration. Only 25 per cent of pregnant women receive institutional care during childbirth.

3. Approximately 47 per cent of school-age children still do not attend primary school despite recent efforts to encourage enrolment. School repetition and drop-out rates are very high, primarily because Spanish, the official language used in schools, is not widely known. Pre-school education is practically non-existent.

4. About 70 per cent of the population lack access to safe drinking water and only 4 per cent have piped water in their homes. Because of difficulties associated with the subsistence economy and the country's culture and traditions, women's working conditions in agricultural production and

marketing and at home are frequently harsh. Girls often become mothers while they are still very young themselves (14 to 15 years of age), which prevents them from completing school and puts them at further high risk.

Programme co-operation, 1987-1990

5. The programme of co-operation covering the period 1987-1990 had two stages. During the first stage (1987-1988), the principal activities supported the provision of supplies for several primary health care (PHC) components (expanded programme on immunization (EPI), control of diarrhoeal diseases (CDD) and malaria); equipped health centres; supplied school gardens; and provided primary education materials, equipment for food preparation and transportation. The most serious constraints during this period were weaknesses in certain aspects of programming. Objectives to reduce morbidity and mortality, for instance, were too broad. Moreover, the absence of an annual programming exercise meant that the number of mothers and children benefiting from the programme was not identified, nor was the impact assessed.

6. In the second stage (1989-1990), UNICEF response to programme requirements improved, as did programming, management and follow-up capacity in PHC, with an emphasis on immunization and oral rehydration therapy (ORT); in non-formal, pre-school education; and in supporting improved nutrition and food production among women. Increased immunization coverage put the country within reach of achieving universal child immunization (UCI) by 1990. Morbidity from measles was drastically reduced from 15,000 cases in 1988 to fewer than 600 in 1989, with no cases of measles reported in 1990. The number of severe dehydration cases has fallen as a result of the ORT programme. Community participation in PHC activities and in developing programmes for pre-school children in rural areas has grown. Support was also given to women's groups for income-generating activities in agricultural production and marketing.

7. Thus, experience proves that cooperation makes it possible to reach goals, enhance the efficiency of government departments, greatly increase community participation through the involvement of traditional community structures and generate social mobilization activities relevant to the established objectives.

Recommended programme cooperation, 1991-1995

	General resources	Supplementary funds	Total
	(thousands of United States dollars)		
Health	1 000	2 500	3 500
Non-formal education	450	180	630
Women	420	-	420
Water and sanitation	250	1 320	1 570
Programme support	380	-	380
Total	2 500	4 000	6 500

8. Based on the situation analysis of women and children, the objectives established for the period 1991-1995 are to reduce IMR from 145 to 115 per 1,000 live births; reduce U5MR from 214 to 150 per 1,000 live births; reduce MMR from 400 to 300 per 100,000 live births; serve the development needs of 6,000 children from three to six years of age; contribute to improving the nutritional status of families and support food production and marketing activities of 10,000 women on the mainland, who are organized into 200 women's groups; and improve the provision of safe drinking water in 250 rural communities to benefit approximately 88,000 people.

9. These objectives are considered feasible based on the social development strategy of providing basic services to improve the well-being of women and children through the promotion of community participation. Support will be provided to strengthen community organization and participation in programme implementation, self-management, monitoring and evaluation; to develop communication and social mobilization activities to promote, train and mobilize the beneficiaries of the programme; to promote intra- and inter-sectoral coordination; to coordinate the activities of cooperating agencies to optimize integration of efforts and avoid duplication of services and loss of resources; and to promote the use of easily adopted, simple technologies.

10. The Government seeks to strengthen PHC; non-formal, pre-school education; support to food production and marketing activities carried out by women and to efforts to improve nutrition; and the provision of safe drinking water and environmental sanitation in rural areas. These actions, together with other activities being carried out as part of the country's social development policy, will help to ensure that the objectives outlined above are achieved.

Primary health care

11. The PHC programme is a priority of the Ministry of Health, with all levels of the system involved in its development. Support will be provided for health promotion, preventive care, treatment and rehabilitation services. Programme components such as immunization, CDD, treatment of ARI and health education are integral parts of the services to be offered to the community, mainly through health centres and PHC committees, as well as through second-level referral health centres and eight hospitals. The community participates in all stages of PHC services, including self-management and financial support under the umbrella of the Bamako Initiative. Children under five years of age and mothers are the primary beneficiaries.

12. One programme objective is to strengthen policies ensuring the availability, accessibility and rational and responsible use of essential drugs by the population. The programme will also support community participation and the development of self-management systems and assist the community in financing the PHC programme in the spirit of the Bamako Initiative through rotating funds for the routine replenishment of essential drugs. The strategy is to initiate activities in selected districts with the greatest potential for the development of PHC and to expand activities

progressively to all districts. Administrative decentralization measures of the Ministry of Health will be applied while communities gain experience in managing rotating funds and in self-management of PHC.

13. Expanded programme on immunization. The project aims to maintain immunization coverage at 80 per cent for each antigen for children under one year of age (13,800) and 95 per cent coverage of pregnant women with two doses of tetanus toxoid (17,300). It also aims to eradicate poliomyelitis and neonatal tetanus by 1995. The objectives will be achieved through carefully planned accelerated immunization in the communities served by the 31 fixed centres, through house-to-house channelling every weekend in the three principal cities (Malabo, Bata and Ebinayong).

14. Control of diarrhoeal diseases. The objectives of the project are to reduce mortality due to diarrhoeal dehydration in children under five years of age by 50 per cent by 1995 and to reduce morbidity by decreasing the number of diarrhoeal episodes each year from four to two in children under one year of age and from eight to seven in children under five years old. Specific strategies to achieve those objectives include the promotion at the community level of the early use of ORT in children at risk of dehydration; the promotion of hygienic practices and the appropriate use of water and sanitation; and referral of children with severe dehydration to health centres or oral rehydration units, of which an additional 21 units will be established.

15. Acute respiratory infections. The project aims to reduce mortality in children one to four years old from ARI by 40 per cent by 1995. Specific strategies include the systematic detection and treatment of ARI at first-level health centres and by PHC committees; assuring the appropriate referral and treatment of the most acute cases to the second and third referral levels; and improving the knowledge of mothers and the community about preventive measures and treatment that can be initiated immediately.

16. Malaria control. The objective is to reduce mortality from malaria in pregnant women and in children under five years of age, specifically through the use of chemoprophylaxis for pregnant women from their first prenatal visit and the diagnosis and treatment of malaria symptoms in children. Activities will be carried out by PHC personnel at prenatal clinics in health centres, in health posts and through house-to-house visits.

17. Maternal health services. Maternal morbidity and mortality related to pregnancy and delivery is to be reduced by 25 per cent by 1995 through interventions including the training of traditional birth attendants (TBAs) and their incorporation into PHC committees. Essential drugs will be made available at second- and third-level health centres for high-risk mothers, and community-based health education will be provided to prevent high-risk pregnancies.

Basic education

18. This programme will serve to improve the quality of primary education, facilitate the timely admission of children (seven to eight years of age) and reduce repetition and drop-out rates. Responding to the development needs of children from three to six years of age in rural and peri-urban areas, the goal is to serve 6,000 pre-school-age children in 150 communities by 1995 (at present 800 children in 20 communities are being served). The programme is based on a national curriculum that has objectives in the four areas of intellectual, communication skills, psycho-motor and psycho-affective development. Children are taught for five hours per day by education promoters, community members who are selected by the community and trained. Children receive daily snacks prepared by groups of mothers using food provided by the community and the national nutrition programme. The community also provides the daily workspace, furnishings and maintenance.

Household food security

19. Because each family's survival relies on women's labour, support will be given to agricultural production, diversification and marketing activities carried out by women in rural areas. Through organization, training, technical assistance and revolving credit, production activities are expected to become more profitable, increasing women's incomes and contributing to improved family nutrition. The goal is to assist 10,000 women grouped into 200 organizations in six districts on the mainland by 1995. At present, there are approximately 60 women's groups in this area.

Water supply and sanitation

20. This programme aims to improve sanitation for approximately 88,000 people in 250 rural communities by providing potable water to 35 per cent of the rural population on the mainland and 45 per cent in the island region by 1995. The training of 50 sanitation workers is a fundamental part of the work being carried out. The organization and development of sanitation facilities will include the protection of water sources and the installation of wells and facilities such as latrines.

Communication and social mobilization

21. Communication and social mobilization activities are an integral part of the programming process. The objective is to ensure the involvement of the six target audiences: beneficiaries; community organization leaders; ministry and institutio personnel; members of non-governmental organizations (NGOs) and cooperating agencies; political leaders and civil servants; and the media. The specific strategies utilized have included the precise identification of the concerns of audiences and the development of messages appropriate to each target audience, transmitted via appropriate channels.

Cooperation with United Nations agencies and other partners

22. The programme process involved continuous discussions with United Nations and bilateral agencies, which were effective in ensuring complementarity and avoiding duplication. Cooperation with national and international NGOs will be strengthened.

II. SAO TOME AND PRINCIPE

U5MR: 136
IMR: 69
GNP per capita: $272

Child population (0-5 years): 22,000
Literacy (male/female): 59/53 per cent
Access to health services: 100 per cent

One-year-olds fully immunized against:

tuberculosis:	89 per cent
diphtheria/pertussis/tetanus:	64 per cent
measles:	46 per cent
polio:	69 per cent

Pregnant women immunized against:

tetanus:	38 per cent

The situation of children and women

23. The two islands of Sao Tome and Principe, which lie south of Nigeria and west of Gabon, form one of the smallest and most isolated States in the world. Independent since 1975, the country is struggling to strengthen and diversify the precarious monoculture economy bequeathed by the Portuguese based on cocoa, an agricultural product that no longer commands high prices on the world market.

24. Despite the islands' poverty, health services are considered relatively good by sub-Saharan standards: 86 per cent of births are assisted by trained health personnel and 68 per cent take place in maternity units. Only 5 per cent of newborns weigh less than 2.5 kilograms and 87 per cent of children are breastfed for 12 months or more. Yet problems persist. In 1986, 16.6 per cent of children under five years old suffered from moderate or severe malnutrition based on weight for age, and 5 per cent suffered from moderate or severe malnutrition based on height for age.

25. The fertility rate is 7.18 children per woman (1987). Access to contraception is potentially universal, although utilization is reported at only 10 per cent, largely owing to a lack of information and strong traditional sociocultural factors. MMR is 80 per 100,000 live births.

26. Only 21 per cent of households have access to safe drinking water, 9 per cent to sewers and 11 per cent to latrines. The incidence of diarrhoeal diseases remains high, and in 1989, a serious outbreak of cholera affected some 2,000 persons, with 70 deaths being registered. Breeding grounds for malaria and intestinal parasites proliferate, a result of environmental deterioration.

27. The main causes of infant mortality are malaria, diarrhoea and ARI, and measles is still a threat. Drugs are, in principle, free of charge, but they are scarce and distribution is irregular owing to the inadequately funded

centralized system. Community health workers (CHWs), provided with proper training, supervision and regular supplies, could strengthen basic health care and education support at the community level, but the current 161 CHWs have not yet been integrated into the health network.

28. Although around 90 per cent of children are registered in primary schools, acute shortages of classrooms, teachers and equipment mean that many attend school only for two to three hours a day. The repetition rate (28 per cent) is high. The adult literacy rate is 56 per cent and there is no ongoing literacy programme. Pre-schools, a tradition in Sao Tome and Principe, numbered 173 in 1990. However, existing pre-schools meet only 30 per cent of the need, particularly for children between the ages of three and six years old. The percentage of the national budget allocated to education has decreased over the last decade, from a high of 10 per cent to 5 per cent in 1989.

Programme cooperation, 1986-1990

29. The previous programme of cooperation, 1986-1990, was suspended in 1987 and resumed in 1988, with a bridging programme for 1989-1990.

30. The key features of UNICEF assistance were to support accelerated EPI through the provision of vaccines, vaccination and cold-chain equipment, transport, training of CHWs and social mobilization activities; the strengthening of nutrition rehabilitation and growth monitoring services; the promotion of ORT by ensuring the supply of oral rehydration salts (ORS); the provision of essential drugs to seven district maternal and child health (MCH) centres, 27 vaccination posts and 7 maternity wards. Some 60 members of the national women's organization were also trained in child nutrition, ORT and basic child care, and pre-school equipment was provided.

31. While programme achievements have been considerable, there is no doubt that the 18 months' suspension had repercussions. Although a target for 1988, UCI has not yet been attained owing to shortages of vaccines, equipment and human resources. The lack of reliable statistics (the last census was in 1981) has also affected planning assessment.

32. Pending the formulation of an overall plan for the future functions of the National Centre for Health Education, support has been delayed. The shortage of human resources for planning and implementation has not allowed a real start of the water supply and sanitation project. In addition, area-based programmes for disadvantaged districts of Caué, Lemba and Pagué remain without funding.

Lessons learned

33. In view of national budget limitations that can be solved only in the long term and the need to sustain and improve the quality of social services, future programmes must stress the involvement of communities themselves in planning and financing projects, with an emphasis on improving access to health and education services for the largest number of people possible.

34. There is also a need for concerted inter-agency (United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), World Food Programme (WFP), World Health Organization (WHO) and World Bank) support and action to derive maximum benefit from limited resources, while minimizing the impact of the structural adjustment programme (SAP).

Recommended programme cooperation, 1991-1995

	General resources	Supplementary funds	Total
	(thousands of United States dollars)		
Health	750	250	1 000
Non-formal education	250	250	500
Area-based integrated development	300	500	800
Programme support	1 200	-	1 200
Total	2 500	1 000	3 500

35. Based on an analysis of the situation of children and women in Sao Tome and Principe, the new country programme has been developed in collaboration with members of the Steering Committee and UNICEF, national and international consultants and inter-agency consultation.

Health

36. The overall goal is to reduce IMR from 70 to 55 per 1,000 live births by 1995. To reach this goal, two strategies are needed: one is to support existing MCH services through supplying vaccines, immunization equipment, growth charts, ORS and building the capacity of health agents at all levels, and the second is to contribute to a decentralized health system that involves the community, thus improving access to MCH and basic health services through a Bamako Initiative approach. With the World Bank providing 80 per cent of all essential drugs, UNICEF will ensure their efficient and regular distribution and organize management training, especially at the district level.

Non-formal education

37. To find alternative solutions to the problem of providing pre-school service, 23 low-cost child centres, run by the community, will be created. Caretakers chosen by communities themselves will receive training and supervision. Toys and pedagogical items will be made locally. WFP will provide food assistance and support is expected from youth's and women's organizations.

38. Inspired by the recommendations of the World Conference on Education for All held in Jomtien, Thailand, in 1990, 45 groups of at least 30 primary-school-age children, largely from poor areas, have been formed. The children will participate in non-formal education activities organized outside school hours that aim to impart essential "skills for life" to complement regular studies. Parents, teachers, mass organizations and churches will be partners in the effort.

Area-based integrated development

39. In the isolated and disadvantaged district of Paguí and the peri-urban area of the capital, UNICEF will contribute to existing women's development projects with integrated components of water supply and sanitation, health, household food security and alternative pre-schools. Empowering the community to identify and solve its problems, as well as to monitor and manage its own basic health and social services, will be a special priority.

Programme support

40. Programme support will cover the salary for a Liaison Officer and supporting staff and office expenses. A Junior Professional Officer will also be hired for a two-year period. Monitoring and evaluation will be conducted regularly on a monthly, quarterly or annual basis according to specific programme indicators. A mid-term review of cooperation will be held in 1993. The UNICEF/Government Steering Committee and the area office in Luanda will play an important role in technical assistance, supervision and follow-up.

Cooperation with the United Nations and other organizations

41. Particularly close cooperation exists with UNDP, WFP, WHO, the United Nations Development Fund for Women (UNIFEM) and UNFPA. Programme components and project sites have been chosen to complement, where possible, ongoing activities of other agencies. Links with NGOs, such as the Associaóáo dos Amigos da Crianóa, will be strengthened.

III. SWAZILAND

U5MR: 140	Child population (0-5 years): 150,000
IMR: 100	Literacy (male/female): 69/65 per cent
GNP per capita: $759	Access to health services: 80 per cent

One-year-olds fully immunized against:

tuberculosis:	96 per cent
diphtheria/pertussis/tetanus:	89 per cent
measles:	85 per cent
polio:	89 per cent

Pregnant women immunized against:

tetanus:	63 per cent

The situation of children and women

42. Swaziland's IMR is higher than might be expected for a small, middle-income country where access to health services is relatively easy. Around 50 per cent of all infant deaths occur before the age of two months and 70 per cent of all under-five deaths occur before six months of age. Hospital-based data point to four major causes of infant mortality: perinatal conditions (29 per cent); diarrhoea (23 per cent); ARI (15 per cent); and malnutrition (11 per cent). Some 50 per cent of perinatal deaths are associated with low birth weight. An additional one third of all infant deaths are attributed to diarrhoea or malnutrition, each disease associated with and compounding the other. Low birth weight would not exact its present toll if there were better identification of mothers at risk, improved referral and better care of low birth-weight babies in hospitals and homes. Diarrhoea and associated malnutrition could be reduced dramatically if mothers breastfed their babies exclusively for at least four to six months. The average age at which non-breast milk is currently introduced is one to two months. ARI would not add significantly to IMR if there were better home treatment of mild cases and more prompt referral of severe ones. At present the "too little, too late" syndrome comes into play and increases the risk of death from all causes. Traditional healing is a powerful parallel system that can improve health and contribute to reducing infant mortality. The Government has recognized the need to train traditional healers in PHC, and began the training project in 1990.

43. Thirty per cent of all Swazi children do not achieve the full growth potential of their first three years of life. Stunting is more likely to occur among children whose families have the least resources, especially those with limited or no access to cash from wage earnings, remittances (mostly from family members working in South Africa) and informal sector activities. Because few homesteads are self-sufficient in maize, food shortfalls due to underproduction have to be offset by food purchases at high prices. Household

food security, therefore, becomes dependent on adequate income sources. Income distribution, however, is severly skewed, and 81 per cent of the rural population falls below the poverty line. Vulnerable households without access to wages or remittances constitute 27 per cent of all households and they are mostly headed by women. The picture of a woman-headed household is one of underendowment, with a less-than-average area of land, upon which less labour and money are spent, resulting in smaller food and cash crops and diminished food security. The woman-headed household emerges as the "poorest of the poor".

44. The enrolment rate in primary school is impressive (76 per cent), but parents often cannot afford to pay school fees and attrition rates are high. Fifty per cent of children drop out by grade seven, especially girls who become pregnant. Repetition of grades is common. On average, it takes a child 12 years to complete seven grades of primary education. Estimates of the percentage of children 6 to 13 years old not in school range from 10 to 20 per cent. Some 37 per cent of the adult population remain illiterate. Marginalized groups, such as street children, are drop-outs from the education system.

Programme cooperation, 1984-1990

45. In the last seven years, the programme has focused on strengthening MCH services, and projects such as improved young child feeding and women in development.

Maternal and child health

46. Swaziland achieved UCI in 1990 (83 per cent complete coverage). The strong points of the immunization programme are the dedication of staff, the quality of educational materials and the capability to monitor disease outbreaks. The main weakness was in programme management and supervision, resulting in a lack of control of programme performance at regional and peripheral levels. Financial sustainability will be an issue in the near future.

47. In 1985, a mass media ORT campaign promoting salt-sugar solutions (SSS) was successful in raising the percentage of mothers knowing the correct SSS formula to 60 per cent. There was a 22 per cent decline in the number of diarrhoea outpatient cases (children under-five years old) over the 1983-1986 period and a 50 per cent decline in under-five mortality due to diarrhoea over the 1981-1986 period. Over the last three years, further gains have been made through redeployment of staff, training and the opening of ORT units throughout the country. Although ARI was twinned with CDD, its progress has not kept pace with that of the latter.

48. UNICEF has helped to strengthen Ministry of Health services and nutrition education, with special emphasis on exclusive breast-feeding. Growth monitoring coverage of infants under one year old increased from 25 per cent in 1983 to 40 per cent by 1987, while that of children between 12 to 23 months

increased from 28 to 50 per cent in the same period. Between 1984 and 1990, UNICEF helped to train 1,600 rural health motivators, rural women who volunteer their services and advice at homestead level to approximately 50 per cent of the population. They have been the main government mobilizers for child survival, protection and development. Indicators of success have been a reduction in the attrition of rural health motivators, increased community awareness and involvement, increases in the number of rural health motivators selected every year by the chiefs for training and high levels of community knowledge, especially with regard to immunization and ORT.

Improved young child feeding

49. Social marketing techniques were used in this project to develop a communications programme for the promotion of breast-feeding and sound weaning practices. The research and material-production phases are completed and training is under way. Training will continue during the new programming cycle and lead, in turn, to the monitoring of impact. The project provides an example of excellent inter-agency cooperation between the United States Agency for International Development (USAID) and UNICEF, and has forged linkages between various ministries and NGOs. Efficiency has been improved through a systematic approach to advocacy, information delivery and social mobilization. However, the project has not had much success in motivating mothers to breast-feed exclusively for longer durations.

Women in development

50. Since 1976, UNICEF has contributed to the UNDP women in development project to promote the capacity of rural women to earn supplementary incomes. Between 1984 and 1990, 900 women have received training in block-making, tile-making, construction techniques, water and grain storage construction, welding, sewing and handicrafts. The programme has gained considerable momentum over the last two years, with improvements in the targeting of poor women. On average, 400 women every year have benefited from literacy skills associated with child survival messages.

51. Over the years, the weaknesses and strengths of the programming context have become apparent. There are staff shortages at all levels of Government and a brain-drain to South Africa. Because of the high staff turnover, there is a need for continual orientation and advocacy. Everyday operational problems leave limited time for planning and programming, and some programmes suffer from weak management. Despite constraints, UCI was achieved. There is now evidence of political will at the highest levels of Government, which is committed to the child survival goals of the Organization of African Unity (OAU), the Convention on the Rights of the Child, the Declaration on Education for All and the Declaration and Plan of Action of the World Summit for Children. The Government actively supports NGO efforts and has encouraged UNICEF to develop a wide spectrum of alliances outside the Government.

52. Capability and dedication on the part of service providers have also improved over the years, but technical support and supervision remain weak. Social mobilization has considerably improved community awareness,

organization and responsibility, and the process of decentralizing management has made structures more responsive to community demand. Yet financial sustainability is problematic, with limited cost recovery and community financing of health services. Recurrent expenditure budgets are high, matched by elevated levels of donor funding.

Recommended programme cooperation, 1991-1995

	General resources	Supplementary funds	Total
	(Thousands of United States dollars)		
Maternal and child health	1 300	2 250	3 550
Household food and income security	0	2 425	2 425
Basic education	750	0	750
Programme support	450	0	450
Total	2 500	4 675 a/	7 175

a/ In addition, $550 is already funded from previous programme cooperation.

53. The goal of the country programme is to reduce the high infant, child and maternal mortality within the context of PHC. A major objective will be the reduction of stunting in children under five years old to 15 per cent. The programme seeks to improve the quality and relevance of education given to the young child and adolescent, and to increase access of women and marginalized youth to knowledge, values and life skills required to become better parents and citizens through non-formal education. It confines itself to key strategic interventions that fall within broad national policies and programmes.

54. Four basic strategies will be used to achieve the goals: advocacy; social mobilization; capacity-building; and disparity reduction. Advocacy will be central to the achievement of sectoral goals. A major part of the thrust will focus on greater financial responsibility being assumed by the Government in the strengthening of its services, which would ensure programme sustainability as demonstrated by increased government allocations to social services. Social mobilization, rooted in Facts for Life, will serve as the basis for communicating knowledge and awareness, and in bringing about participation and behavioural changes. Capacity-building will take place at both the national and the community levels. Disparity reduction is more challenging since its root causes lie deep within socio-economic structures. The programme of cooperation sets its sights on the poorest of the poor, targeting women-headed households identified by community leaders and rural health motivators and focuses on three main programme components.

Integrated maternal and child health care

55. This programme consists of five mutually supportive components: EPI; CDD/ARI; safe motherhood; growth monitoring; and rural health motivators. The objective of EPI is to reduce morbidity and mortality from the six target diseases by maintaining UCI coverage levels above 83 per cent. The CDD/ARI project aims at reducing infant and young child mortality and morbidity attributable to diarrhoea and respiratory infections through community education, early recognition, effective home management and timely referral. Linkages with immunization, breast-feeding, weaning, ORT and hand-washing will be strengthened. The safe motherhood component aims to reduce MMR by improving antenatal and postnatal care, counteracting harmful traditional practices, reducing the possibility of complications caused by sexually transmitted diseases, including infection with the human immunodeficiency virus (HIV), and promoting family spacing. Tetanus toxoid immunizations will be provided for all women of child-bearing age. The objective of the growth monitoring project is to reduce the prevalence of chronic malnutrition by increasing the proportions of children attending growth monitoring sessions and of mothers who understand the growth chart. The rural health motivators link all the MCH components by providing basic health and nutrition information across the spectrum of child survival, protection and development. The health sector programme follows the overall lines of the Bamako Initiative strategy for strengthening MCH/PHC, with specific activities to help communities to assume financial responsibility for PHC now under way on a small scale.

Household food and income security

56. The programme consists of three interrelated components: improved young child feeding; income-generating activities for women; and capacity-building. The improved young child feeding component aims to reduce stunting in children under three years old from 30 to 15 per cent by promoting breast-feeding and sound weaning practices, working through the Ministries of Health and Agriculture and the Swaziland Infant Nutrition Action Network. The income-generating project targets female-headed households with little or no access to employment and, therefore, with diminished food security. The programme includes an area-based project that weaves together various interventions within three defined geographical locations, allowing for close monitoring. The capacity-building dimension will develop the ability within the Government, and at community level, to assess, analyse and take action to ensure food security for the most vulnerable.

Basic education

57. The objective of the pre-school component is to promote and support Government and NGO actions designed to integrate care and education of the young child into the basic education cycle. The objective of the Sebenta project is to reduce adult illiteracy from 30 to 15 per cent by 1995. Learning units will be based on Facts for Life. The two main objectives of the curriculum development project are to design a development studies curriculum

for adolescent girls and boys that develops understanding, skills, and values associated with Facts for Life; and to present curriculum material in terms of expected levels of learning and measurable attainment. With the children in difficult circumstances component, the objective is to fulfil the commitment to "Education for All" as it affects underserved street children and out-of-school marginalized youth.

Monitoring and evaluation

58. Within each programme area, the master plan of operations incorporates feedback mechanisms at national and community levels for monitoring progress towards the national programme goals set for the 1990s and the need for timely, corrective actions in the course of annual implementation. Monitoring will be effected through annual reviews, a mid-term review, strengthened departmental monitoring and monthly departmental reviews. Each programme area will be evaluated during the programming cycle.

Cooperation with other organizations

59. The country programme of cooperation was the subject of consultation with partners within the United Nations system and with others, including NGOs. UNICEF will supplement UNDP support in the ongoing women-in-development programme. WHO will continue to provide technical inputs in the health sector, and the United Nations Educational, Scientific and Cultural Organization (UNESCO) will support the "Education For All" initiative. UNFPA will cofund the safe motherhood project. The proposed UNICEF programme will reinforce the efforts of USAID in the programme areas of health, nutrition and education.

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FOR ACTION

RECOMMENDATION FOR FUNDING FROM GENERAL RESOURCES AND SUPPLEMENTARY FUNDS FOR PROGRAMMES IN THE AMERICAS AND CARIBBEAN REGION WITH ANNUAL PLANNING LEVELS NOT EXCEEDING $750,000*

SUMMARY

The present document contains recommendations for funding from general resources and supplementary funds for programmes with annual planning levels not exceeding $750,000. The Executive Director recommends that the Executive Board approve the following amounts from general resources, subject to the availability of funds, and the following amounts in supplementary funds, subject to the availability of specific-purpose contributions, for the country programmes listed below.

Country/programme	Amount (United States dollars)		Duration
	General resources	Supplementary funds	
Argentina	3 750 000	3 000 000	1991-1995
Guatemala	1 500 000	-	1991-1992
Venezuela	3 750 000	1 500 000	1991-1995
Children in especially difficult circumstances: regional	2 500 000	-	1991-1996
Amazon: subregional	500 000	4 500 000	1991-1994

Summaries of individual recommendations follow.

* In order to meet documentation deadlines, this document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme co-operation at the end of 1990, will be contained in the "Summary of 1991 recommendations for general resources and supplementary funding programmes" (E/ICEF/1991/P/L.2).

I. ARGENTINA

U5MR: 36
IMR: 31
GNP per capita: $2,520

Child population (0-15 years): 10.2 million
Literacy (male/female): 95/94 per cent
Access to health services: 71 per cent

One-year-olds fully immunized against:

tuberculosis:	93 per cent
diphtheria/pertussis/tetanus:	74 per cent
measles:	78 per cent
poliomyelitis:	81 per cent

Pregnant women immunized against:

tetanus:	NA

The situation of children and women

1. As a result of the severe economic crisis facing Argentina, an increasing number of people are unable to meet basic needs that were satisfied in the past, which has affected the health and nutrition of over 3.3 million children under 12 years of age. The crisis has created the "new poor", composed of workers and employees who had overcome structural poverty in the last two decades, employees and non-professional workers of the commercial and services sectors (including many of the public sector) and pensioners whose benefits from pension funds have greatly deteriorated because of high inflation rates. In 1990, as many as 2.6 million children under 12 years of age and 2 million women belonged to the "new poor".

2. Because of adjustment policies and fiscal constraints, social expenditures have fallen. The vast network of public schools and health services established during the years of abundance has completely deteriorated. The infant mortality rate (IMR), which had begun to diminish before the crisis, has remained at around 32 per 1,000 live births, but preliminary figures for 1988 and 1989 show a substantial increase in some districts. The under-five mortality rate (U5MR) followed a similar pattern. It should be stressed that 7 out of 10 deaths of children under one year old are a result of avoidable causes. Deaths caused by diarrhoea, acute respiratory infections (ARI) and immunopreventable diseases clearly show a deficient primary health care (PHC) strategy and inadequate attention to this level of health care. IMR varies widely among regions and within provinces.

3. More than half of pregnant women from poor homes have no access to the minimum pre-natal medical check-ups, because of either a lack of public services or a services overload. Maternal mortality rates (MMRs) reach 125 per 100,000 live births in the poorest districts of the country and under-reporting on these figures is as high as 80 per cent.

Programme cooperation, 1985-1990

4. During the period 1985-1990, UNICEF funds made available by the Government of Italy supported the integrated basic services programme in the province of Buenos Aires and the national health and nutrition programme. With general resources from the Special Adjustment Facility for Latin America and the Caribbean (SAFLAC) and the Under-Five Mortality Reduction Reserve, UNICEF supported immunization, social communications mobilization and the development of social policies.

Basic services

5. In 1984, with UNICEF support, the Government initiated the basic services programme - the Programa de Desarrollo Integrado de Buenos Aires (Integrated Development Programme in Buenos Aires) - in the outskirts of the city of Buenos Aires, which has since been extended to 19 municipalities in marginal areas of the city. UNICEF has supported the development of non-conventional child development models and improved the nutrition and environmental sanitation for 40,000 people, of whom 12,000 were children under nine years of age. More than 120,000 people have benefited indirectly from the programme. With donor participation, a final evaluation will be carried out in 1991 to ascertain the impact and cost-effectiveness of the programme.

Health and nutrition

6. The programme for the improvement and local integration of projects related to the health and welfare of children and women has benefited more than 1 million people in both urban and rural areas, of whom 350,000 are children under nine years of age. At present, the project operates in 48 localities and organizes basic services in the community; improves the management of service delivery through multisectoral integration; encourages the creation of community vegetable gardens; and supplies critical inputs for water supply and basic sanitation.

Immunization

7. Declining resources for social services jeopardized high vaccination coverage. With the support of the Under-Five Mortality Reduction Reserve, it was possible to restore the cold chain, train social health agents and develop communication and mobilization materials, which enabled Argentina to reach its 1990 goal of universal child immunization (UCI).

Social communication

8. Social communication and mobilization have been implemented under the strategy of "children first", funded through SAFLAC. The objective was to link crisis and economic adjustment policies with the need to promote an ethics of child protection. Agreements were signed with the Argentine Paediatrics Society and with the Catholic Church, under which a network of 2,000 parishes throughout the country would participate in the provision of

basic services to women and children. The intense activity of social communication and mobilization - carried out free of charge through a mass media network of more than 600 radio and television broadcasting stations - made the problems of children more widely known and increased public support for their solution.

Recommended programme cooperation, 1991-1995

Estimated annual expenditure

(In thousands of United States dollars)

	1991	1992	1993	1994	1995	Total
General resources						
Health and nutrition	150	150	150	150	150	750
Child development	50	50	50	50	50	250
Advocacy and social mobilization	128	128	128	128	128	640
Social planning and statistics	322	322	322	322	322	1 610
Women's development	20	20	20	20	20	100
Programme support	80	80	80	80	80	400
Subtotal	750	750	750	750	750	3 750
Supplementary funding						
Health and nutrition	345	315	310	295	235	1 500
Women's development	105	100	95	100	100	500
Child development	135	230	260	230	145	1 000
Subtotal	585	645	665	625	480	3 000
Total	1 335	1 395	1 415	1 375	1 230	6 750

9. The Government has requested that UNICEF support efforts (a) to make the child a national priority and focal point for the mobilization of public and private sector resources and efforts; (b) to reduce disparities through an equitable distribution of resources invested in the social sector; (c) to contribute to improving the quality of life of children living in poverty and to prevent further deterioration in the social conditions of the "new poor" children; and (d) to contribute to the strengthening of local management capacity.

10. The strategy of the country programme will focus on disparity reduction in the most impoverished geographical areas, the north-west and north-east. The intense use of social communication will continue in order to mobilize society and to make children a national priority. To implement this strategy, UNICEF will provide support for (a) the design, management, training, follow-up

and evaluation and research on social communication; (b) the publication of case studies, evaluations and educational and communications materials on child survival and women's development; (c) the organization of meetings, seminars and workshops to promote the creation of social networks and the coordination of activities of non-governmental organizations (NGOs); and (d) the development and implementation of projects for disparity reduction in the fields of health and nutrition, child development and the mobilization of women. UNICEF will also continue to form strategic alliances with the Catholic Church, the Ecumenical Movement, the Argentine Paediatric Society, the Chamber of Commerce and the Argentine Advertising Council.

Advocacy and social mobilization

11. The objective is to sustain political and social movements in order to maintain children and their problems as priority issues of public debate through well-designed messages that will sensitize public opinion. Support will be provided to design communication materials to create mass awareness of the Convention on the Rights of the Child. A national awareness campaign will be promoted through the mass media, focusing on immunization, children's rights and nutrition. Cooperation will continue with the Catholic Church and the Argentine Paediatric Society to reinforce child survival actions promoted through the mass media.

Social planning and statistics

12. The general objective is to support the decentralization of the public sector and the development of community networks and social participation for the provision of basic services. UNICEF support will focus mainly on the training of local government officials and community leaders to enhance the allocation of existing resources towards the most vulnerable groups. UNICEF will cooperate to improve the technical capacity of the private sector and NGOs to deliver health and education services and will support the National Institute of Statistics and Census to improve the collection and analysis of statistics on the situation of children and women.

Child development

13. UNICEF will support the development of cost-effective modalities for early stimulation and child development with the participation of the family and community. Emphasis will be given to develop models aimed at children of the "new poor".

14. Support will be provided to make a systematic analysis of aspects of mental health and for the production and adaptation of communication materials to transfer information to both the family and the community on early detection and simplified techniques for the prevention and treatment of childhood disabilities.

15. UNICEF will support government efforts to universalize pre-school education, improve the quality of primary schools and reduce school

drop-out rates. Since the education system reaches the most remote geographical areas and the poorest social groups, an attempt will be made to utilize this comparative advantage to strengthen children's supplementary feeding programmes.

16. Support will be given to develop modalities of early childhood stimulation that are cost-effective, strengthen family participation and are accepted by the community. The creation of networks of organizations that carry out activities related to the care of the young child and the development of low-cost, non-conventional systems will be promoted.

Health and nutrition

17. Although immunization activities were maintained during the period 1985-1990, with the achievement of UCI goals at the national level, some rural and urban areas continue to show coverage below 80 per cent and cold-chain problems still exist. With general resources, UNICEF will support the maintenance of adequate cold-chain facilities at national, regional and local levels and will provide some basic supplies to support systematic vaccination efforts. Focus will be placed on those areas where universal coverage has not yet been achieved.

18. UNICEF will support the timely detection of high-risk pregnancies, frequent and regular medical check-ups and adequate care during childbirth, as well as health and nutritional education for mothers. In order to attain the goals for health and nutrition and to reduce inequalities, it will be necessary to promote new management techniques to coordinate the efforts of the public sector (supply of services) with community participation (organization of the demand). The objective will be to develop a cost-effective health management model capable of combining the fragmented efforts of the public sector with community initiatives that frequently lack the necessary technical and human resources.

Women's development

19. The aim is to enhance the active participation of women in the provision of services related to nutrition, early childhood development, hygiene and education. The project also seeks to reduce MMR, improve women's health care at the local level, improve access to non-discrimatory forms of basic education and literacy, strengthen women's organizations nation-wide, increase the income of poor women who are heads of household and contribute to legislation and policies that guarantee women's rights. Special care will be taken to avoid the creation of parallel services for women by integrating women's concerns into existing programmes with similar components.

Monitoring and evaluation

20. UNICEF will support the Government in establishing a simple system to monitor the country programme and the situation of children. A computerized system will be set up in order to monitor programme implementation and budget

delivery. Evaluations and programme analyses will be undertaken, as required, in agreement with the executing institutions.

Cooperation with other United Nations organizations

21. The country programme will be closely coordinated with other United Nations organizations, and ongoing cooperation with the Pan American Health Organization (PAHO) and the United Nations Development Programme (UNDP) will be strengthened.

II. GUATEMALA

U5MR: 97
IMR: 56
GNP per capita: $900

Child population (0-15 years): 4.3 million
Literacy (male/female): 60/44 per cent
Access to health services: 34 per cent

One-year-olds fully immunized against:

tuberculosis: 38 per cent
diphtheria/pertussis tetanus: 51 per cent
measles: 52 per cent
poliomyelitis: 57 per cent

Pregnant women immunized against:

tetanus: 18 per cent

The situation of children and women

22. Among the countries of Central America, Guatemala is characterized by its high number of rural dwellers (comprising almost 70 per cent of the population) and the large numbers of Indian ethnic groups, comprising over 40 per cent of the population. The vast majority of ethnic groups are located in rural areas.

23. While Guatemala has experienced moderate economic growth over the past five years, all groups have not benefited equally. The National Statistical Institute reports that poverty has increased by approximately 10 per cent over the same period and now affects as much as 84 per cent of the population. Rural and ethnic groups suffer a disproportionate share of this poverty, which has been compounded in certain areas by the effects of armed conflict and the resulting loss of life, family and community disintegration and large numbers of widows, orphans and displaced persons.

24. Structural adjustment measures, initiated in 1988 and intensified in 1990, have produced a reduction in per capita expenditures in health, education and other social services, in addition to the decline of national export prices in the international market, high unemployment and

underemployment, low incomes and an inflation rate higher than the devaluation of the national currency (over 100 per cent devaluation in the last year).

25. IMR and U5MR in Guatemala are among the highest in Latin America. MMR is also high, at 110 per 100,000 live births. The major causes of child morbidity and mortality are diarrhoeal diseases, ARI and vaccine-preventable diseases. The widespread poverty also takes its toll on nutritional levels with extensive malnutrition caused by low food intake, frequent infectious diseases and poor environment and hygienic practices.

26. Despite progress in extending clean water supplies to rural areas, Guatemalans in both poor urban and rural areas have extremely limited access to potable water. Aside from the obvious health risks associated with ingesting contaminated water, women in particular spend great portions of their waking hours collecting water.

27. Women, especially those in families affected by the armed conflict, face additional problems as heads of household and as breadwinners. As a result, an increasing number of women have entered the workforce. Literacy rates reflect gender disparity, as only 44 per cent of women are literate, compared with 60 per cent of men.

28. Guatemala has been experiencing gradual environmental degradation because of harmful traditional agricultural practices, deforestation resulting from irrational exploitation and a lack of planning and mechanisms to achieve sustainable development. Environmental damage is affecting agricultural output and groundwater supply, while erosion and run off have blocked drainage channels, with resultant flooding.

Programme cooperation, 1987-1990

29. The UNICEF child survival programme has been the major thrust of cooperation in Guatemala since 1986, resulting in a tremendous boost in immunization coverage (the highest percentage increase in Latin America during the last two years) and a significant increase in public awareness of the health benefits of breast-feeding. Other achievements have been an increase in the number of trained traditional birth attendants in the north-western region of the country; vitamin A fortification of all Guatemalan-produced sugar; the provision of latrines and increased access to potable water in hundreds of small communities; and the significant improvement in urban basic services in Guatemala City, the capital.

30. Following the adoption of government policies advocating decentralization and the strengthening of municipal capacities, UNICEF responded with a strong package of integrated services for targeted populations in the fields of literacy and health education in collaboration with the Comisión Nacional para la alfabetización (National Commission for Literacy), community mobilization in the north-western regions and income-generating programmes for indigenous women. Initial results indicate that these programmes have significantly improved the quality of life of the beneficiaries and laid a strong and promising foundation for future expansion.

31. The 1990 elections resulted in an upsurge of violence in Guatemala City, as well as the rural areas. Given that context and the increased violence directed at children, UNICEF reinforced its efforts to raise public awareness about such violence through specific actions, including workshops, seminars, meetings in close cooperation with the National Office on Human Rights and other national child-related organizations.

Lessons learned

32. The paramount lesson learned during the past programme of cooperation has unquestionably been the importance of social communication and mobilization, as UNICEF successes have been directly tied to such efforts. The importance of an integrated country programme linked to prioritizing UNICEF efforts by geographical areas, as well as by targeted populations, resulted in a more effective use of resources. These two lessons, together with greater intersectoral and inter-institutional coordination, have contributed towards improved rates of survival and development of children and women.

Recommended programme cooperation, 1991-1992

Estimated annual expenditure
(In thousands of United States dollars)

	1991	1992	Total
Water supply and sanitation	105	60	165
Nutrition	145	150	295
Education	45	45	90
Urban basic services	200	50	250
Women in development	25	70	95
Displaced families	-	70	70
Children in especially difficult circumstances	-	70	70
Advocacy	120	120	240
Programme support	110	115	225
Total	750	750	1 500

33. The programme for 1991-1992 will capitalize on and continue the positive experiences of the previous programme and will place a strong emphasis on the high-risk area of the north-western regions and the metropolitan area's marginal neighbourhoods in extreme poverty.

Health

34. Cooperation in the area of health will be funded through supplementary funding, utilizing balances remaining from the child survival programme, and through funding currently being sought for the subregional integrated PHC programme.

Nutrition

35. Following the fortification with vitamin A of all sugar produced in Guatemala, UNICEF will support activities to measure its impact. Support will also be provided for nutrition surveillance and nutrition education. In addition, UNICEF will continue to support the Office of Breast-feeding and undertake activities to promote breast-feeding.

Water supply and sanitation

36. Building on the successes of having brought appropriate and low-cost water supply and sanitation systems to rural communities, UNICEF will continue to provide technical assistance and support to water supply and sanitation activities, with an increasing accent on health and hygiene activities. Focus will be on selected rural and urban areas.

Education

37. Within the framework of the subregional education for development initiative, educational needs ranging from early childhood stimulation to primary education and literacy, with a focus on female literacy, will be addressed, as will the educational and physical needs of handicapped children. This will be complemented with technical assistance for ongoing curriculum development, support for supplementary materials, translation of Facts For Life into Indian languages and the development and production of extra-curricular materials for ethnic groups.

Urban basic services

38. The pilot basic services programme developed in the Mesquital neighbourhood of Guatemala City is being expanded progressively into other marginal urban communities. Support will be provided for supplies, training and technical assistance to reach a total of 27 such communities, benefiting an estimated 250,000 inhabitants.

Women in development

39. While other elements of UNICEF cooperation explicitly seek to include women's concerns, specific support will be provided through technical assistance to promote the incorporation of women into mainstream development processes, paying particular attention to legislation. Ongoing collaboration will be maintained in this area with the United Nations Development Fund for Women.

Displaced families

40. General resources for 1992 are programmed to complement the supplementary funding available for 1991 to continue assistance for displaced families, specifically in the areas of training for women in agricultural practices and food production, and for the provision of health and early child development services to these families.

Children in especially difficult circumstances

41. Building on prior cooperation with the Comisión Nacional "Acción para los Ninos" (National "Action for Children" Commission), Child Hope and the Ministry of Public Works to provide assistance to street and working children and to create a foundation for helping at-risk children, UNICEF will undertake action-oriented research on the psycho-emotional impact of violence on these children. The findings will be incorporated into programmes and services funded through the subregional programme for children in especially difficult circumstances.

Advocacy and programme support

42. A situation analysis is being prepared that will provide a strong advocacy tool to be used with the new authorities, as well as the basis for preparing the next country programme (1993-1997). Other advocacy activities will centre on the promotion of measures to protect the most vunerable groups, particularly in times of adjustment, and around the implementation of the Convention on the Rights of the Child.

43. Programme support will be provided to assist the government authorities and other partners in the implementation, monitoring and evaluation of the country programme.

III. VENEZUELA

U5MR: 44	Child population (0-15 years): 7.8 million
IMR: 35	Literacy (male/female): 84/88 per cent
GNP per capita: $3,250	Access to health services: NA

One year-olds fully immunized against:

tuberculosis:	68 per cent
diphtheria/pertussis/tetanus:	55 per cent
measles:	49 per cent
poliomyelitis:	67 per cent

Pregnant women immunized against:

tetanus:	NA

The situation of children and women

44. Venezuela has a population of 18 million, of whom 41 per cent are children under 15 years of age and 19 per cent are children under 5 years of age. The population is predominantly urban, with more than 80 per cent living in the cities. It is estimated that almost 2 million children are living in poverty.

45. IMR, estimated at 35 per 1,000 live births in 1989, showed an average annual reduction rate of less than 2 per cent between 1981 and 1989. Indeed, more than half of the states in Venezuela have IMRs above the national average, and most of these rates are at a standstill. Respiratory infections and diarrhoeal diseases are the leading causes of death among children.

46. According to the Ministry of Health and Social Welfare, the proportion of infants with low birth-weight rose from 9 per cent in 1982 to 10 per cent in 1989. In 1987, estimates of mortality from nutritional deficiencies among children under five years of age in 1987 were the same as those registered five years earlier. Although rates and/or percentages remained virtually unchanged, they actually reflect a growing death toll in absolute terms since the infant population in Venezuela is also increasing.

47. Between 1976 and 1987, per capita real spending for basic education declined dramatically. Moreover, the costs of materials required upon enrolment in the public school system are beyond the economic capacity of the poorest or unemployed. The educational problem is further aggravated by the limited importance assigned to training and professional improvement programmes for teachers, frequent suspension of classes because of union problems and cutbacks in the personnel budget for education. Coverage of pre-school education declined from 29 per cent in 1982 to 27 per cent in 1988. Statistics on repetition show a steady increase during basic or primary education, ranging from 2.5 per cent in 1972-1973 to 10 per cent in 1983-1984.

48. Venezuela has between 600,000 and 1 million children who are totally or partially abandoned. The National Institute for Attention to Minors is unable to cope with the situation since it far outpaces the agency's capacity for response. The Venezuelan labour code, legislation to protect minors and all relevant regulations contain guidelines for children employed in secondary occupations. A sizeable number of youngsters under the age of 14 years are obliged to seek their livelihood on the streets by selling newspapers or chewing-gum.

49. The status and role of women in Venezuelan society have undergone considerable changes, yet women are still disadvantaged: one third of all Venezuelan households are headed by women; 60 per cent of the single women who head households are over 45 years of age, making it difficult for them to enter the job market; 50 per cent of women work in non-remunerative professions; and women in working-class sectors tend to enter the informal labour market where jobs are usually low-paying and temporary. Almost 50 per cent of women have only elementary education and just 6 per cent have secondary education. It is estimated that only 30 per cent of pregnant women have access to health services and pre-natal care. Complications resulting from childbirth are leading causes of maternal mortality among women 25 to 44 years old. The child of an illiterate mother is two and a half times more likely to die during infancy than the child of a woman with a higher education.

Programme cooperation, 1986-1989

50. Venezuela has never had a regular country programme and for the first time is now preparing a recommendation for the Executive Board. Between 1986 and 1989, UNICEF cooperation was provided through the use of regional and subregional funds to promote child survival, basic services and social policies.

Child survival and development

51. During the past five years, UNICEF has supported the promotion of child survival policies and strategies with the participation of both government institutions and NGOs such as the Catholic Church. Support was provided for the training of community health promoters, the implementation of non-formal pre-school activities through the child and family centre project, as well as an early stimulation project known as project family. These projects were initiated as pilot experiences and have had limited range. The child and family centres benefited 6,000 children, while about 6,000 day-care homes were established. Nearly 500 child-care centres were organized with the Catholic Church and more than 1,600 scouts received special training in child survival.

Basic services

52. In 1988, the Government, with UNICEF support, initiated the basic services programme in the state of Trujillo. In the same year, the Government began to define its cooperation needs more precisely through the Ministry of the Family, which is responsible for coordination of the social sector and the promotion of innovative intervention in programmes for care of children, the family and women, as well as the strategy for the eradication of critical poverty. As a result of a Ministry of the Family study, social policies targeted towards the poverty-stricken population sectors, especially children, were formulated.

53. UNICEF has provided technical assistance for the formulation and initiation of the regional plan for the eradication of poverty, focusing on maternal and child health care and training, based on a strategy that coordinates local government programmes with community and popular organizations. As a result of this cooperation, programmes designed by the central Government have been tested locally for later nation-wide diffusion. This process has led to the initiation of the extended mother and child programme in all PHC centres at Trujillo, with a 50 per cent increase in service to pregnant mothers, nursing infants and children under five years of age. The Catholic Church parish centres, youth groups and community health organizations in more than 60 communities have joined the programme and a literacy programme has begun in 10 communities through rural libraries. Immunization coverage of children under the age of one year has surpassed 80 per cent. A food and nutrition surveillance system is being implemented in the primary schools of six communities.

Social policies

54. To maximize the impact of limited resources, the Government requested UNICEF technical assistance to help in the formulation of social policies and the definition of a new social policy strategy. As a result, the Ministry of the Family designed and began to implement the National Plan for the Eradication of Poverty. Special support has been provided for the creation of the Social Management School and the integration of "adjustment with a human face" principles into the eighth national plan and the formulation of the social development programme, to be financed by the World Bank.

Lessons learned

55. Despite the difficult situation, there has been a strong political desire to incorporate child-related activities into the national political agenda. However, more efforts are needed to coordinate the activities of the public and private sectors. The experience gained during this period demonstrated that studies were an important contribution to the social mobilization process, and that UNICEF cooperation should further reinforce the adoption of low-cost measures for child survival and development (CSD), with greater community participation.

Recommended programme cooperation, 1991-1995

Estimated annual expenditure

(In thousands of United States dollars)

	1991	1992	1993	1994	1995	Total
General resources						
Social mobilization and communication	150	150	150	150	100	700
Child development	250	250	180	190	220	1 090
Child survival	100	100	120	120	100	540
Social planning	150	140	160	160	200	810
Programme support	100	110	140	130	130	610
Subtotal	750	750	750	750	750	3 750
Supplementary funding						
Child development	100	100	100	100	100	500
Social planning	100	150	150	50	50	500
Children in especially difficult circumstances	100	120	120	80	80	500
Subtotal	300	370	370	230	230	1 500
Total	1 050	1 120	1 120	980	980	5 250

56. The Government of Venezuela has agreed that UNICEF should make special efforts to sensitize all levels of society about the critical situation of children and women and to mobilize public participation in solving them. In this regard, UNICEF will support efforts over the next five years (a) to reduce IMR by one third and MMR by 20 per cent of 1990 levels; (b) to reduce malnutrition among children and mothers by 50 per cent; (c) to reduce low birth-weight by 50 per cent; and (d) to expand and enhance educational programmes of day-care services and primary schooling. Cooperation has also been requested to improve the status and conditions of women and children in especially difficult circumstances.

57. The main strategic elements of the new country programme are: (a) the definition of social policies to promote actions under consideration for national planning and social development institutions in the area of human resources and the evaluation of social policies and programmes; (b) support to national programmes related to community education, health and social communication for health activities, day-care homes, training, management, follow-up, diffusion and community participation; and (c) social mobilization and communication.

Advocacy and social mobilization

58. The advocacy and social mobilization programme is directed towards generating sensitivity and commitment among all sectors of society, especially those who direct it, in order to create strategic alliances and mobilize resources in favour of children. It will seek to improve the well-being of children and to draw attention to the government commitment - and society's responsibility - towards children.

59. Cooperation will include the preparation and diffusion of an analysis of the situation of children; support for developing educational communications strategies for social programmes to benefit children; an analysis of children's rights and their protection; the diffusion of strategies for "development with a human face"; and the achievement of government social sector goals.

Child development

60. UNICEF will cooperate with the Government in providing care for 700,000 poor children in the areas of health, nutrition and early education through mass extension of day-care homes; in extending pre-school education to reach 112,000 poor children between the ages of 1 and 6 years; and in reducing failure and drop-out rates in primary rural education by 50 per cent, benefiting 500,000 children.

61. The components of the pre-school education and day-care homes projects include technical assistance for the design and implementation of training for participating teachers, promoters and community mothers; the development of the early stimulation project in day-care and pre-school homes; institutional reinforcement in maintaining quality of service and management in the mass

expansion project; support for follow-up and evaluation systems; and, in primary rural education, support activities for teacher training, adaptation of the curricular structure to the needs of rural children and the use of learning resources and support for programme diffusion and promotion.

Child survival

62. The programme will seek to support maternal and child-care services for 422,000 pregnant mothers, 359,000 breast-feeding mothers and 1.6 million children under five years of age, which are the established government goals for the next five years. Activities contemplated include the diffusion of community education and health care information (Everyone for Health, For Life and Facts for Life); incorporating NGOs and community organizations in community health education programmes; support in consolidating mothers' and children's health information networks and follow-up systems and support for training systems for officers, health promoters and beneficiaries.

Social planning

63. UNICEF will support studies to evaluate the impact on the low-income population of government economic policies and strategies for the period 1989-1993; aid in designing reinforcement strategies and activities for social programmes to fight poverty; provide support for the development and implementation of methodologies for formulating and evaluating management, follow-up and monitoring of social programmes and projects, with special attention to those related to children and women; cooperate to achieve institutional reinforcement at diverse levels of government through training for social and developmental management and implementation of the Social Investment Fund; and provide support for the diffusion of studies on poverty and support for follow-up and evaluation systems.

64. The components of the women's development project are mobilization to improve the situation of women, especially poor women; training of technical and professional personnel in support programmes for poor women; the collection and analysis of statistics on women's situations; support for promotion programmes that attract women into economic activities; and the establishment of the National Council of Women and implementation of the National Plan for Women.

Children in especially difficult circumstances

65. The programme seeks to support the design of policies and strategies, as well as institutional and community prevention and treatment activities, focused upon children in especially difficult circumstances - street children and institutionalized and abused children - affecting some 100,000 children.

66. The cooperation strategy is based on activities that will lead to guaranteed community and family participation in programmes; the introduction of low-cost, high-coverage preventive institutional responses; permanent

social mobilization and advocacy efforts; emphasis on special care for children; and support for experiences and initiatives in decentralization, participation and institutional openness and institutional coordination.

67. Project components include providing technical assistance to update the situation analysis of children in especially difficult circumstances; making an inventory of institutional services and care and supporting registration, control and follow-up systems; institutional reinforcement for improving treatment of institutionalized minors; systematization, monitoring and evaluation of programmes and projects; support for the diffusion of programmes; and support for training programme personnel.

Monitoring and evaluation

68. The Government, with UNICEF support, will coordinate, supervise and evaluate the programme progress through the Venezuela/UNICEF Cooperation Programme Executive Committee and the technical cooperation committees related to each programme, which will provide quarterly progress reports and annual evaluations.

69. The President has called for a National Conference in August 1991 to analyse children's rights in Venezuela. To that end, UNICEF will follow up and evaluate the situation of children, especially their rights. UNICEF will support the event and assist in following up its commitments. The Government has committed $2.2 million for improving social monitoring and evaluation systems and the impact of programmes on the poor, thus establishing the basis for monitoring the goals proposed for the next five years. UNICEF will have an advisory role in this effort.

70. Within this context, the role of UNICEF is to provide technical assistance and advice regarding national social policies, as well as in implementing strategies designed to fight poverty, improve institutional capacity and meet children's basic needs. UNICEF will require assistance from the Americas and the Caribbean Regional Office, as well as cooperation from other agencies such as PAHO, the World Health Organization (WHO), the United Nations Educational, Scientific and Cultural Organization (UNESCO) and UNDP on specific operative plans.

IV. CHILDREN IN ESPECIALLY DIFFICULT CIRCUMSTANCES: REGIONAL

The situation of children in especially difficult circumstances in Latin America and the Caribbean

71. The situation of most children in especially difficult circumstances is a direct result of poverty, which drives them to a variety of survival strategies in order to support themselves and their families. Over 30 million children either work or generate income by theft, prostitution or other illicit means. Some 2 million or 3 million of those children have lost their family ties and live in the streets. Another 20 million or more children

suffer such extreme poverty that they require special assistance so as not to fall into more severe situations, such as abandonment to life on the streets.

72. Children affected by armed conflicts and natural or ecological disasters are threatened by traumatic events that overwhelm them. Four countries in the region (Colombia, El Salvador, Peru and Suriname) now suffer internal armed strife. Over 1 million children, many of whom have lost family members, are now displaced persons or refugees. Five countries at present report a total of over 500,000 children endangered by natural and ecological disasters.

73. For reasons ranging from abandonment to delinquency, over 1 million children are interned in institutions, which are too poorly financed and managed to meet children's needs and which so segregate them from the rest of society that they are unprepared to face life on their own when discharged.

Programme cooperation, 1988-1991

74. The regional programme began as advocacy for street children, drawing attention to and mobilizing social commitment for their special needs. In order to promote more humane alternatives to exploitation, persecution and internment, the programme widely publicized the experiences of innovative local projects that successfully reached and assisted working and street children within the community context. It also articulated community-based models, processes and principles that could be expected to lead to success, and energetically disseminated them throughout the region by means of workshops, conferences, exchange visits, technical assistance and publications and audio-visual means. The approach was so successful that, by 1989, most Latin American countries were carrying out activities for street children, at least two countries (Brazil and Mexico) were taking the community-based model to scale and this potent combination of advocacy with experience-based "how to" information had become the methodological heart of the regional programme.

75. Following the 1986 Executive Board mandate (decision 1986/12), the regional programme expanded its coverage to include other children in especially difficult circumstances. Because over 1 million children were still interned in repressive conditions, the programme undertook a campaign in 1989, to humanize the care provided by such traditional institutions as orphanages, boarding schools, rehabilitation and re-education centres and juvenile detention centres. It advocated turning these institutions into homes that participated in community life and provided services such as education, health, work and recreation. At least 14 countries are now involved either in humanizing their institutions or in abandoning them altogether in favour of community-based care models.

76. In order to ensure adequate attention to easily forgotten children, who are often most at risk, almost all the countries in the region are engaged in the time-consuming process of identifying such children, understanding their needs and developing ideas for policies and programmes to reach them. The regional programme supports these efforts with methodological guidelines, training and technical and financial assistance.

77. Since its inception in 1988, the regional programme has given high priority to the preparation of human resources for identifying and dealing with the problems of children in especially difficult circumstances, and it utilizes diverse instruments for that purpose. It has sponsored many workshops and training sessions at both national and international levels, with an emphasis on such topics as institutional opening and humanization, the development of successful programmes for working and street children, the diagnosis of children in especially difficult circumstances and the evaluation of programmes for working and street children. The programme has also maintained an active exchange programme that allows the staff of community-based projects to visit and learn from each other's experience. It has reached the largest possible audience through its many publications, especially those detailing successful models and methods.

78. The regional programme has made concrete advances in supporting the establishment of specific programmes. The four original pioneer countries - Brazil, Colombia, Ecuador and Mexico - have been joined by the rest of the region's countries, with varying degrees of programme development.

79. The activities under implementation in every country of the region include situation analyses, which are being undertaken in 23 countries; institutional opening and humanization, being carried out in 16 countries; projects for working and street children in 15 countries; national committees or boards on behalf of children in especially difficult circumstances in Brazil, Colombia, El Salvador, Guatemala and Honduras; and seminars and workshops on situation analysis, institutional opening and humanization and care of working and street children in 21 countries.

Lessons learned

80. Over the past year, a number of specific lessons have emerged: (a) a special situation analysis is necessary to identify "hidden" children in especially difficult circumstances who might be especially at risk, but would otherwise be invisible; (b) UNICEF advocacy can be very effective in mobilizing government and public attention to the problems of these children; (c) effective programming depends on the development of strong leadership, which can result from training and technical assistance; (d) when Governments, NGOs and churches cooperate, major progress can be made in meeting the needs of these children, and such cooperation can be encouraged effectively by UNICEF; and (e) by its own advocacy and by helping to mobilize public opinion, UNICEF can effectively help to build the political will and commitment necessary for Governments to develop policies and programmes to meet the special needs of these children.

Recommended programme cooperation, 1991-1996

Estimated annual expenditure

(In thousands of United States dollars)

	1991	1992	1993	1994	1995	1996	Total
Advocacy	60	75	135	85	95	60	510
Technical assistance	45	90	90	120	110	75	530
Communication and social mobilization	20	60	60	60	60	40	300
Monitoring and evaluation	20	45	45	45	45	-	200
Training	82	180	120	139	139	50	710
Project support	23	50	50	51	51	25	250
Total	250	500	500	500	500	250	2 500

81. In Latin America and the Caribbean, there are 2.5 million to 3 million refugees and displaced persons, victims of armed conflict, natural disasters and the breakdown of the traditional mechanism of family support, of whom more than 1 million are children. The general objective of the programme is to achieve greater awareness of the problems of children in especially difficult circumstances and to assure more effective responses to them. More specific objectives include increased attention to children - especially girls - whose special needs have been slighted in the past, and greater cooperation between the public and private sectors in addressing the problems of these children.

82. The programme will implement regional activities such as cross-national workshops and publications, with country assistance being channelled through UNICEF offices. Cooperating partners will include Governments, NGOs and religious organizations.

83. In order to attain these objectives, the regional programme will consolidate and expand the achievements already gained; expand actions to those countries that began activities later than others; increase attention and prevention coverage; reduce the cost of institutional care; train the necessary human resources to manage different types of care and prevention throughout the region; encourage projects for the training of children and income generation, using existing infrastructure (workshops, farms, micro-enterprises) and use of installations (equipment and tools); and continue to increase the number of methodological and outreach series, as well as to distribute them at the regional level.

84. Programme contents will stress prevention, child rights and the special needs of girls as themes permeating all activities. A top priority will be the completion of an analysis of the situation of these children by 1993, at which time the programme will publish a comprehensive document on children in

especially difficult circumstances from a regional perspective to help guide future action. Special studies will be conducted, exploring particularly difficult problems for which solutions have yet be worked out, such as the problems of working girls, children in armed conflict and children and environmental degradation. Advocacy will stimulate greater dialogue and cooperation between Governments, NGOs and religious organizations, helping to form or reinforce national movements or committees for these children. It will also continue to promote greater humanization and community orientation in institutional care of interned children.

85. Ways will be found to institutionalize training and technical assistance as much as possible to meet better the growing demand for assistance. This will include the establishment of a training network, with coordination outside UNICEF, that can assume responsibility for routine training that is much in demand. The programme will continue to support technical cooperation among countries in the region and to sponsor an active agenda of meetings and workshops.

86. In order to reach as many people and organizations as possible with useful information for related programming, the production of publications and audio-visuals, which appear in English, French, Portuguese and Spanish, will be intensified. Specific projects will include the development and dissemination of methodological guidelines for the development of programmes benefiting these children, in addition to a manual on street education and guidelines for addressing the problems of children in armed conflict.

V. SUSTAINABLE DEVELOPMENT FOR CHILDREN IN THE AMAZON BASIN: SUBREGIONAL

The situation of children and women

87. In recent years, the Amazon Basin has become one of the world's most visible centres of both ecological and social concern. Massive deforestation, atmospheric pollution from burning, mercury poisoning of river systems, predatory fishing and other environmental degradations have been widely publicized in the national and international press. In the social sector, violent conflict over land and forest rights has come to world attention, as have the decimation of indigenous peoples, the resurgence of once-suppressed diseases, burgeoning urban populations and squalor and the highest rate of internal migration in Latin America.

88. Official information on the situation of women and children in the Amazon is scarce and unreliable. For example, IMR and other crucial vital statistics and health data on children in the Brazilian Amazon are available for urban areas only. The situation of the non-urban half of the population, whose children's survival and development are certainly far more threatened, goes unreported. Therefore, considerable field work is still needed to develop reasonable estimates of the true situation of non-urban women and children. It is reported that children of the marginalized poor in the Amazon suffer extremely high levels of death, disease, violence and exploitation.

Previous cooperation

89. This Amazon Basin programme is a consolidation, continuation and expansion of ongoing UNICEF efforts. The initial phase involved bringing together representatives from the eight basin countries (Bolivia, Brazil, Colombia, Ecuador, Guyana, Peru, Suriname and Venezuela) to discuss and analyse the situation of children. The second antecedent to this programme is a current Brazil country programme effort to promote sustainable development actions benefiting the poor in the north and north-east regions. During 1990, that portion of the programme began to work on a pilot project addressing serious water supply and sanitation problems threatening the survival and development of children in the squalid periphery of burgeoning urban areas. It also began forming or reinforcing nuclei of trained child advocates and researchers in various state capitals in the Amazon. To that end, it sponsored a three-month training seminar on the various aspects of child rights and welfare for selected Amazon professionals, which was attended not only by Brazilians but also by invited professionals from six other countries. Those trained will, in turn, help to organize and train others in their home states or countries to carry out more thorough situation analyses and child-specific programme development.

Recommended programme cooperation, 1991-1994

Estimated annual expenditure

(In thousands of United States dollars)

	1991	1992	1993	1994	Total
General resources					
Policy and programme development	200	175	25	-	400
Education and mobilization	50	25	25	-	100
Subtotal	250	200	50		500
Supplementary funding					
Policy and programme development	200	1 350	1 400	900	3 850
Education and mobilization	-	200	200	175	575
Monitoring and evaluation	-	25	25	25	75
Subtotal	200	1 575	1 625	1 100	4 500
Total	450	1 775	1 675	1 100	5 000

90. The general objective of the Amazon Basin programme is to advance the welfare of the poor, especially women and children, through sustainable social and economic development actions adapted to specific local characteristics. The main strategy of the programme involves cross-national cooperation in attacking priority problems that have particular Amazonian characteristics and are common to much or all of the Basin. Many problems affecting the delivery of CSD services, for example, arise from peculiarly Amazonian characteristics shared by several countries, and can best be attacked cooperatively.

Policy and programme development

91. There are three immediate obstacles to improving the planning of sustainable development actions benefiting women and children: (a) the lack of useful information about the situation of children and women; (b) a lack of practical methods of evaluating proposed development projects to determine their likely effect on poor women and children; and (c) the lack of mechanisms to bring together the many perspectives needed to ensure the relevance and solidity of sustainable development efforts. To deal with these issues, policy and programme development actions will emphasize situation analyses, the development of programme planning and project evaluation methods and the development of human and organizational resources, in addition to events that are designed to promote dialogue and joint action on important topics among various groups.

92. UNICEF will offer direct financial and/or technical support to carefully selected problem-solving projects that are consistent with its basin-wide priorities, and to which it can make a valuable contribution while learning lessons important to others in the Basin. Specific activities will emphasize sustainable income-generation opportunities, the development of more effective service delivery models for rural and isolated communities, the development of improved approaches to urban environmental problems and the extension of the child defense structure to out-of-the-way areas not currently monitored.

Education and mobilization

93. Actions will be carried out to help build a social consensus for sustainable development approaches favouring the poor, especially children and women. Specific targeted groups will include schoolchildren and teachers, the media, churches, the business sector and government officials. Particular attention will be devoted to reaching poor communities. Support will be offered for the development of materials suitable for use in both formal and non-formal education for children, including both publications and audio-visual materials. Special attention will be devoted to the use of the mass media, including community-produced videos and publications, in reaching the public at large with information useful for raising awareness and mobilizing commitment. Other education and training activities will include workshops and technical assistance to train selected key groups in facts and skills necessary to plan and implement sustainable development activities. Instructional manuals, audio-visual and other materials will be produced as needed to assist in these training activities and to provide distance-learning

opportunities. The programme will support both public and private sector educational projects.

Coordination with other agencies

94. The coordination of UNICEF support will be based on a work plan developed and agreed to with the focal points in each of the relevant UNICEF field offices. The focal points will coordinate with the Universidad del Amazonas (University of the Amazon) and other government and NGO institutions participating in their countries. A joint work plan will be reviewed annually and the overall coordinator will prepare a status report on a six-month basis. In each country involved, focal points will be responsible for ensuring collaboration with other United Nations agencies. A mid-term review will be carried out in 1993.